MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07838

7856

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Zion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9a Russells Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) River Road, Bethesda, Md
STREET ADDRESS (If rural give location) Clipper Lane,

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) J (Last) Adams

4. DATE OF DEATH: (Month) Aug. (Day) 27 (Year) 1955

5. SEX: Fem. 6. COLOR OR RACE: Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed 8. DATE OF BIRTH: Dec. 18 1870 9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10B. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Brown 14. MOTHER'S MAIDEN NAME: Sarah Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Bertha Brown - Rockville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Leg Ulcer Varicose Veins — years

DUE TO (C) Arteriosclerosis Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes — weeks

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20 1940 to Aug 27, 1955 that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 4:10 A M, from the causes and on the date stated above.

SIGNATURE Webster Lewell M. D. ADDRESS Norbeck DATE SIGNED 8.29.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 9/1/55 NAME OF CEMETERY OR CREMATORY Sweden Park, LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-30-55 REGISTRAR'S SIGNATURE Gertrude B Lawson 24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07839

7830

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Oak Haven Nursing Home 517 Albany Ave, Takoma Pk

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) D. (Last) ARNOLD

4. DATE OF DEATH: (Month) August (Day) 13, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Feb. 15, 1873

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months 5 Days 28 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Artist

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry F. Arnold

14. MOTHER'S MAIDEN NAME: Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Edw. A. Dent, Jr. Nat.Met.Bk. 613-13th St.N.W. Wash DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

603X
IMMEDIATE CAUSE (A) Pneumonia, Bronchial — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Renal Insufficiency — ? Yrs. Estm.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bed fast from Rheumatoid arthritis — ? Yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954, 19..., to Aug 13, 1955, that I last saw the deceased alive on Aug 13, 1955, and that death occurred at 6:16 P M, from the causes and on the date stated above.

SIGNATURE Chas H. Wolohon, M.D. ADDRESS 500 Underwood St. N.W. Wash. D.C. DATE SIGNED 8/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-17-55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem

LOCATION (City, town, or county) (State) Prince George Md.

DATE REC'D BY LOCAL REGISTRAR Aug-16 1955

REGISTRAR'S SIGNATURE J. Nelson Dodd

23. FUNERAL DIRECTOR Robert A. Rumphrey

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07840

7357

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural give location) 9204 2nd Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) Lee (Last) Appleby

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 11/25/68

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Navy Yard

11. BIRTHPLACE (State or foreign country): Dickerson, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Franklin Appleby

14. MOTHER'S MAIDEN NAME: Nannie Hempstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Spanish-American

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Paul M. Coughlan, 8717 1st Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis of Coronary arteries DUE TO — 25 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug 16, 1955

19B. MAJOR FINDINGS OF OPERATION: Incarcerated inguinal hernia

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1955 to Aug 18, 1955, that I last saw the deceased alive on Aug 18, 1955, and that death occurred at 11:30 P M, from the causes and on the date stated above.

SIGNATURE John E. Pumphrey M. D. ADDRESS 1801 Eye St. NW. DATE SIGNED Aug 20, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/22/55 — NAME OF CEMETERY OR CREMATORY Grace Episcopal Church Cemetery — LOCATION (City, town, or County) (State) Montgomery County, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/22/55 — REGISTRAR'S SIGNATURE Bessie M. Hempstead — 24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

7853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07841

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montg. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
LENGTH OF STAY (in this place) 8 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bradford Rest Nursing Home Rt 1. Silver Spring, Md. 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg, Md R6-33-2
STREET ADDRESS (If rural, give location) Defense Highway.

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) (Last) BAILEY
4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	C	Single	Unknown.	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	—	Bladensburg, Md	Prince Geo. U.S.

13. FATHER'S NAME: Steven Bailey
14. MOTHER'S MAIDEN NAME: Annie Paris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		—	Bladensburg, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senile Arteriosclerosis — Interval Between Onset and Death: years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-10, 1955, to 8-11, 1955, that I last saw the deceased alive on 8-10, 1955, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sandy Spring, Md 8-11-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-15-55	Woodlawn	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-11-55	Gertrude B Lawson	Robert L. McGuire	1809 9th St. N.W. Washington, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07842

7859

CERTIFICATE OF DEATH

Reg. Dist. No: 276

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Friendship Heights
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship Heights X
STREET ADDRESS (If rural give location) 5532- Prospect St. /

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) A. (Last) Barthel

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Jan 6, 1874 | 9. AGE last birthday 81 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frederick Bergerter | 14. MOTHER'S MAIDEN NAME: Christana Krueger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. none | 17. INFORMANT & ADDRESS: Eda S. Offutt 5329 tulane drive Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic Cardiovascular disease — 10 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1945, to Aug 11, 1955, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at 2:1 P M, from the causes and on the date stated above.
SIGNATURE John E. Morris M. D. ADDRESS 1746 K St NW DATE SIGNED 8-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 15, 1955 | NAME OF CEMETERY OR CREMATORY Rock Creek cem | LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 8/11/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR S. H. Hines Co | ADDRESS 2901-14th St. N.W. Wash. D.C.

7869

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07843 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11,602 Gail Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11,602 Gail Street

3. NAME OF DECEASED: (Type or Print) (First) Burnell (Middle) Joseph Bateman (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Oct. 23, 1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter - Self-employed		Limestone, New York	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George A. Bateman	Elizabeth J. Maroney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes WW #2	578-18-8231	Miss Rose Bateman, 5301 4th Ave. Lynchburg, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO — Short
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Brozeau M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1955	Arlington Nat'l. Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 11 55	Frances Cotter	Warner B. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

1955

7861

07844
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9613 Lorain Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9613 Lorain Ave

3. NAME OF DECEASED: (First) [illegible] (Middle) Mary (Last) Berman
4. DATE OF DEATH (Month) Aug (Day) 2 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	12-28-03	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Barber & Ross Co.
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jonas Laub
14. MOTHER'S MAIDEN NAME: Gertrude Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Gertrude Bowen (Mother), James Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschad M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-2-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/4/55	Parklawn Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG. 8/4/55
REGISTRAR'S SIGNATURE Frances Cotter
24. FUNERAL DIRECTOR Warren B. Dunphrey ADDRESS 8131 Ga. Ave. Silver Spring, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07845

7862

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center, National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY: --
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 1229 Neal Street, N. E.

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) Irene (Last) Biscoe

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1955

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 16, 1882

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Briggs

14. MOTHER'S MAIDEN NAME: Harriet Burrous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A): 420.0 Cardiac Asystole

DUE TO (B): Edema Status Syndrome

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C): 260X1 Arteriosclerotic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes Mellitus

19A. DATE OF OPERATION: — **19B. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — **21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.):** Home — **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from August 3, 1955, to August 7 1955, that I last saw the deceased alive on August 7, 1955, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE: Henry G Crombleholme — ADDRESS: The Clinical Center, National Institutes of Health — DATE SIGNED: 8-7-55

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 8-11-55 — NAME OF CEMETERY OR CREMATORY: Farrows Mem. — LOCATION (City, town, or county) (State): Beltsville, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/10/55 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: John J. Hunt — ADDRESS: 20 H St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07846

7331

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write and give nearest town) 17 Takoma Park. RURAL
LENGTH OF STAY (in this place) 2½ days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 627 Sligo Ave.

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) — (Last) Boorstein

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1955

5. SEX: Female **6. COLOR OR RACE:** Caucasian **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow.

8. DATE OF BIRTH: 7-10-75

9. AGE last birthday 80 yrs

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housf

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: Abraham Chevrin

14. MOTHER'S MAIDEN NAME: Essie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 10+ yrs.

DUE TO (C) Diabetes Mellitus — 15+ yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 19 55, to 8/14, 19 55, that I last saw the deceased alive on 8/13, 19 55, and that death occurred at 7:20 AM, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS Takoma Park Md — DATE SIGNED 8/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial transit — **DATE THEREOF** 8/15/55 — **NAME OF CEMETERY OR CREMATORY** Talmud Torah — **LOCATION** (City, town, or county) (State) Newark, N. J.

DATE REC'D BY LOCAL REGISTRAR Aug 15 1955 — REGISTRAR'S SIGNATURE William Nadel

24. FUNERAL DIRECTOR B. Daingerfield & Son — **ADDRESS** 3501-14th St. N.W. Wash. D.C.

07847

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7863

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burke
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Francis (Last) Boyce

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 12, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrator

10B. KIND OF BUSINESS OR INDUSTRY: Federal Govt.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Boyce

14. MOTHER'S MAIDEN NAME: Hattie Doak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO. Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 16 2X

(A) Bronchogenic Carcinoma C wide spread metastases DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from July 15, 1955 to Aug. 1, 1955 that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at .. M, from the causes and on the date stated above.

SIGNATURE Bernard Robert Landau M.D. ADDRESS The Clinical Center Natl. Inst. of Health DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal-Burial

DATE THEREOF: 8/3/55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: 8/2/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: V. S. Eveley ADDRESS: Fairfax, Va

MARYLAND 7864

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Rt 2 — LENGTH OF STAY (In this place) Since 11-27-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5707 Columbia Rd N.W.
STREET ADDRESS (If rural, give location) Washington, D. C.

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) M. (Last) Brinton
4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-21-1874
9. AGE last birthday: 81 yrs. — If under 1 year: Months 4, Days —; If under 24 hr: Hours —, Min —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: John Franklin Mason
14. MOTHER'S MAIDEN NAME: Anna Montague
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: C. M. Bloodgood 5504 Montgomery Ave Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
421.4
Immediate cause (a) Bronchopneumonia — Interval between Onset and Death: Several months
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular heart disease with Cardio-Vascular Sclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 27 1954 to Aug 23, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 8.15 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Alvin J. Kistler M.D. ADDRESS Cedarcroft San & Hosp Silver Spring Md DATE SIGNED 8-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-25-1955 — NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cem. — LOCATION (City, town, or county) (State): Prince Georges Md

DATE REC'D BY LOCAL REG. 8/26/55 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Robert A. Summers — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

Item 18 Film G187 10-14-55 ams 7865

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07849

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 3 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 4228 S 36th Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) BROWN

4. DATE OF DEATH. (Month) August (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-11-21

9. AGE last birthday 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward BROWN

14. MOTHER'S MAIDEN NAME: Dorothy ALDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWII & Korean

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Marie C. BROWN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

160X

IMMEDIATE CAUSE (A) Aspiration of Neoplastic Fluid

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Transitional Cell Carcinoma with

DUE TO (C) Widespread metastasis Primary: Rt. Frontal Sinus

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1955, to Aug 24, 1955, that I last saw the deceased alive on 24 August, 1955, and that death occurred at 8:27 AM, from the causes and on the date stated above.

Signature [illegible] M.D. ADDRESS USPHS CDR C USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-26-55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 8-24-55

REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7866

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07850

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7104 Florida St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 7104 Florida St.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) W (Last) BRUCE

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-10-1873

9. AGE last birthday: 81 yrs. — If under 1 year: Months 9 / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Architech Ret.

10b. KIND OF BUSINESS OR INDUSTRY: US Gov.

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert W. Bruce

14. MOTHER'S MAIDEN NAME: Ann Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Margaret Bruce Wife- 7104 Florida St. Ch.Cl.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Congestive Heart Failure — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — 3 yrs.

(c) Pneumonitis, A. typical — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1955, to Aug. 19, 1955, that I last saw the deceased alive on Aug. 18, 1955, and that death occurred at 4:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney B. Lorraine M.D. ADDRESS 3921 Rodman St NW Wash. DC DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF 8/22/55 — NAME OF CEMETERY OR CREMATORY Glenwood — LOCATION (City, town, or county) Wash. — (State) DC

DATE REC'D BY LOCAL REG. 8/20/55 — REGISTRAR'S SIGNATURE Jessie [illegible]

24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md

7867

07851 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 114

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101 Hildarose st

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2101 Hildarose St - Apt 301

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) --- (Last) Bukovac

4. DATE OF DEATH (Month) Aug (Day) 17 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 4/8/25

9. AGE last birthday: 30 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Talisman

10b. KIND OF BUSINESS OR INDUSTRY: United Engineering Home Improvement Co.

11. BIRTHPLACE (State or foreign country): Youngstown, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Bukovac

14. MOTHER'S MAIDEN NAME: Mary Tomasovick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #2

16. SOCIAL SECURITY NO.: 299-12-9365

17. INFORMANT & ADDRESS: Mrs. Lucille M. Bukovac 2101 Hildarose St., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) bullet wound in throat (mouth) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: found dead in bed at home

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Alcohol from dispensary — 2 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home

21c. (City or town) Silver Spring (County) Monty (State) md

21d. TIME OF INJURY (Month) 8 (Day) 17 (Year) 55 (Hour) 2 A M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted bullet wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/18/55

NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8-22-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07852

CERTIFICATE OF DEATH

7863 Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 20 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville 13X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) Burgess
4. DATE OF DEATH: (Month) (Day) (Year) August 29 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 8/29/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Helen Elizabeth Burgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7764 IMMEDIATE CAUSE (A) Prematurity (2lbs 7oz; 6 mos. gestation) — 20 mins

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Premature rupture of membranes — 6 weeks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29/55 19 ... , to 8/29/55 19 .. , that I last saw the deceased alive on 8/29/55 , 19 ..... , and that death occurred at 1105 PM, from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M. D. ADDRESS Clarksville, Md. DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/31/55
NAME OF CEMETERY OR CREMATORY Locus Chapel
LOCATION (City, town, or county) (State) Simpsonville, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-31-55
REGISTRAR'S SIGNATURE Gertrude B Fawley
24. FUNERAL DIRECTOR ADDRESS H.C.Higginbotham, Ellicott City, Md

20851 (28-11)

7832 07853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 97 Elm Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 97 Elm Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ALBERT (Last) BURNS

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	February 16, 1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Attorney	U. S. Government	Penna	U. S. A.

13. FATHER'S NAME: ? Burns

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Louise B. Burns, 97 Elm Ave Tak Park. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immed.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	dead on bed
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit-Burial	Aug 26. 1955	St. Joseph's Cemetery	Waterbury Connecticut

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 24. 1955	J. Wilson Dodd	J. Arthur Walters, 254 Carroll St NW Takoma Park 12 D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07854

7863

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
   COUNTY: Montgomery
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 56 Silver Spring
   LENGTH OF STAY (in this place): MARYLAND
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2204 Washington Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Montgomery
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
   STREET ADDRESS (If rural give location): 2204 Washington Avenue

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Raymond (Last) Campbell

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 29, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist. Mgr.-retired

10B. KIND OF BUSINESS OR INDUSTRY: B.F.Goodrich Co.

11. BIRTHPLACE (State or foreign country): South Williamsport, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William D. Campbell

14. MOTHER'S MAIDEN NAME: Etta Champion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-10-5530-A

17. INFORMANT & ADDRESS: Mrs. Madeline F. Campbell 2204 Washington Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: LUNG CANCER — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO: GENLIZED METASTASES

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1948 to 19 AUG, 1955, that I last saw the deceased alive on 18 AUG, 1955, and that death occurred at 7:10 A.M., from the causes and on the date stated above.

SIGNATURE: F. Marshall Leavitt Jr. M.D. ADDRESS: 1407 WOODSIDE PKWY. SILVER SPRING, MD. DATE SIGNED: 19 AUG. 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Trans. & Burial — DATE THEREOF: 8/21/55 — NAME OF CEMETERY OR CREMATORY: E. Wildwood Cemetery — LOCATION (City, town, or county) (State): Williamsport, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 8-22-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

07855

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7870

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7400 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 5
STREET ADDRESS (If rural give location) 8801 Georgia Avenue

3. NAME OF DECEASED: (Type or Print) (First) Hubert (Middle) Randolph (Last) Carr

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Oct. 15, 1900 | 9. AGE last birthday 54 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver | 10B. KIND OF BUSINESS OR INDUSTRY: Taxi | 11. BIRTHPLACE (State or foreign country): Penn. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert R. Carr | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service) 1923-24 | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Daniel Mutt 12508 Goodhill Road, Silver Spring

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
163X IMMEDIATE CAUSE	(A) Respiratory Failure	1 Day
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Metastatic Ca DUE TO	Unknown
	(C) Carcinoma of Lung.	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10/1955, to 8/20/1955, that I last saw the deceased alive on 8/20/1955, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M. D. | ADDRESS Rockville Md | DATE SIGNED 8/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/23/55 | NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery | LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 8/22/55 | REGISTRAR'S SIGNATURE Dennis M. Thompson

24. FUNERAL DIRECTOR Warner & Humphrey | ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07856

7871 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10206 Colesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Beall (Last) Cecil, Jr.

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 8, 1933

9. AGE last birthday 22 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Cecil

14. MOTHER'S MAIDEN NAME: Mary Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Peacetime

16. SOCIAL SECURITY NO. 577-44-4085

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.3

IMMEDIATE CAUSE (A) Cardiovascular collapse with pulmonary edema and bronchopneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute leukemia DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8-1-55

19B. MAJOR FINDINGS OF OPERATION: Tracheotomy

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from June 15, 1955, to Aug. 1, 1955, that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at 8:50A M, from the causes and on the date stated above.

SIGNATURE M. D. Richard R. Paton ADDRESS The Clinical Center Natl. Inst. of Health DATE SIGNED 8-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/4/55

NAME OF CEMETERY OR CREMATORY St. Mark's Cemetery

LOCATION (City, town, or county) (State) Highland, Howard County, Md.

DATE REC'D BY LOCAL REGISTRAR 8/2/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

7872 07857

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.C.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp-

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8013 Glenbrook Rd

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Scott (Last) Chacos

4. DATE OF DEATH (Month) Aug. (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 7-9-1955

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 1 Days 16 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Dist. of Col.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Louis Chacos

14. MOTHER'S MAIDEN NAME: Frances Bedell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Uncle - Richard L. Bedell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 475 X Asphyxia due to Vomitus — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aspir. Respiratory Infection — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Pritchard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/27/1955

NAME OF CEMETERY OR CREMATORY: Parklawn

LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 8/27/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Roberta A. Pumphrey

ADDRESS: Bethesda, Md.

9V7599V47V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17858

7833

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park,
STREET ADDRESS (If rural give location) 7005 Westmoreland Ave,

3. NAME OF DECEASED: (Type or Print) (First) Della (Middle) (M.N) (Last) Chesney

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-28-74
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew B. Chew
14. MOTHER'S MAIDEN NAME: Mahala Jane Deason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Anterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Coronary Atherosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1947 to 8/23, 1955, that I last saw the deceased alive on 8/22 1955, and that death occurred at 2a.M, from the causes and on the date stated above.

SIGNATURE Leander D. Harding
ADDRESS M.D. 113 Carroll St N.W. Wash DC.
DATE SIGNED 8/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 25, 1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 23-1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Peters
ADDRESS 254 Carroll St NW DC

7873 **MARYLAND STATE DEPARTMENT OF HEALTH** 07859

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bradford Rest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring X
STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Claggett	August	2	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	2/23/1895	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marshall Claggett	Leona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Asphyxia, Thrombitis	5 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asphyxia, Embolism	3 yrs
	(c) Chronic myocarditis	5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Sept, 1950, to Aug., 1955, that I last saw the deceased alive on 8/2, 1955, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A D Bryant	M.D.	Sandy Spring, Md	8/5/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/6/55	Ash-Hamewood	Sandy Spring Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-6-55	By Eudora Lowder	Robert L Snowden	Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH

07860

7874

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — Kensington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington DC 4th
STREET ADDRESS (If rural, give location) 438 Jefferson St NW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Catherin	E	Cokey	aug	2	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Jan 12 1873	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Bartava NY	USA

13. FATHER'S NAME: William Holden

14. MOTHER'S MAIDEN NAME: Mary Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	—	Mrs Constance Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4438

Immediate cause (a) Myocardial Insuff — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertens heart disease with Arterios. — 10 yrs

(c) Rt Hemiplegia — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6/15, 1955, to 8/2, 1955, that I last saw the deceased alive on 7/27, 1955, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. C. Lemmon	M.D.	5801-13th St NW Washington DC	8/3/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	aug 5, 1955	Fort Lincoln	Mount Rainier	Md.

RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
aug 5/55	Frances Potter	Deal Funeral Home	Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07861

7875

CERTIFICATE OF DEATH

Reg. Dist. No. 21C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address) 00 8408 Houston Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 56

STREET ADDRESS (If rural give location) 8408 Houston Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
EDNA	L.	COBOURN	Aug.	21	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	March 11, 1885	70 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Bloomingdale, Michigan	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Stewart Cameron Burt	Mary Elizabeth Michael

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Mrs. Clarence C. Cormicle, daughter 8408 Houston Street, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

153X

Immediate cause (a) Metastatic Carcinoma —

DUE TO

Antecedent causes (b) Carcinoma of Sigmoid. —

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/20/53	Carcinoma of Sigmoid & Metastasis	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20 ..., 1953, to 8/21/55, 19....., that I last saw the deceased alive on 8/21 ..., 1955, and that death occurred at 8:30 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Warren Bamford	M.D.	9241 Colesville Blvd Silver Spring, Md.	8/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 24, 1955	Glenwood Cemetery	Washington, D. C.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-23-55	Frances Sattler	Warren E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07862

7834

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Langley Park
STREET ADDRESS (If rural give location) 8107 University Lane

3. NAME OF DECEASED: (Type or Print) (First) Leffie (Middle) Lawrence (Last) Cole

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1955

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-26-1900
9. AGE last birthday 54 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Allen Cole
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium + Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
490X
IMMEDIATE CAUSE (A) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
ANTECEDENT CAUSE (B) DUE TO —
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Silicosis — 15 yrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1955, to Aug 6, 1955, that I last saw the deceased alive on Aug 6, 1955, and that death occurred at 2:00 P M, from the causes and on the date stated above.
SIGNATURE James H. Whitney M.D. ADDRESS 7600 Carroll Ave DATE SIGNED 8/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 8/7/55
NAME OF CEMETERY OR CREMATORY Sunset Cem. Beckley W Va.
LOCATION (City, town, or county) (State) Beckley W Va.

DATE REC'D BY LOCAL REGISTRAR 8/7/55
REGISTRAR'S SIGNATURE J. Milton Dodd.
24. FUNERAL DIRECTOR Lee Funeral Home
ADDRESS 300 4th St. S.E. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07863

7876

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kayhill
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seymour Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1364 Shepherd St. NW

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) V. (Last) CONBOYE

4. DATE OF DEATH: (Month) Aug (Day) 3, (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 8. DATE OF BIRTH: March 14. 1868 9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 10B. KIND OF BUSINESS OR INDUSTRY: D.C. Schools 11. BIRTHPLACE (State or foreign country): Washington, D.C. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ?CHARLES Conboye 14. MOTHER'S MAIDEN NAME: Not Available JENNIE?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Mrs Mary E. Conboye, #7 66th St. Md. Park. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
IMMEDIATE CAUSE (A) Arterio-Sclerotic Heart Disease
ANTECEDENT CAUSE (S) DUE TO Coronary Occlusion Decompensation
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Arthritis

19A. DATE OF OPERATION: None 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14/55, 19..., to 8/3/55, 19..., that I last saw the deceased alive on 8/3/55, 19..., and that death occurred at 6:45 A M, from the causes and on the date stated above.

SIGNATURE Irene A O'Keefe M.D. ADDRESS 4545 Conn. Ave NW DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug. 6. 1955 NAME OF CEMETERY OR CREMATORY Glenwood Cemetery LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 8-5-55 REGISTRAR'S SIGNATURE Frances Cotter 24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters 254 Carroll St NW DC

7877 07864

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Olney
LENGTH OF STAY (in this place) 20 Y
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Montg. Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel, Md. R.#2 Box 140
STREET ADDRESS (If rural, give location) 16 X - [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Vivian (Middle) [illegible] (Last) Carpenter

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 7-2-'02 | 9. AGE Last birthday: 53 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Williams
14. MOTHER'S MAIDEN NAME: ? Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-22-7073
17. INFORMANT & ADDRESS: (Step-Son) Box 140 Kenneth E. Ehrlich, Laurel, Md. R#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brockett M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 8-11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug 12-55 | NAME OF CEMETERY OR CREMATORY Ivy Hill | LOCATION (City, town or county) Laurel, Md. (State)

DATE REC'D BY LOCAL REG. 8-15-55 | REGISTRAR'S SIGNATURE Virginia B. Lawrence

24. FUNERAL DIRECTOR Bethell Woodland Laurel Md. ADDRESS

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07865

7873

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 45 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3064 30th Street, S. E. Apt. #5

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Huffer (Last) Corbitt

4. DATE OF DEATH: (Month) Aug. 7, (Day) (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 18, 1903

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-typist

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Huffer

14. MOTHER'S MAIDEN NAME: Rosa B. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-32-0579

17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1a IMMEDIATE CAUSE (A) acute peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Multiple Intestinal obstructions — 1 mo'th

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma of ovary metastatic to peritoneum — 6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-28-55

19B. MAJOR FINDINGS OF OPERATION Intestinal obstruction near sigmoid colon-due to above tumor.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from June 23, 1955, to Aug. 7, 1955, that I last saw the deceased alive on Aug. 7, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE and M. D. [signature] ADDRESS NIH DATE SIGNED 8/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — **DATE THEREOF** Aug. 10, 1955 — **NAME OF CEMETERY OR CREMATORY** Geo. Washington National — **LOCATION (City, town, or county) (State)** Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8/11/55 — **REGISTRAR'S SIGNATURE** Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co. — **ADDRESS** 2401 - 14th St. NW Washington 9, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07866

7335 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 WASHINGTON SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 4½ x 3
STREET ADDRESS (If rural give location) 1308 RITTENHOUSE ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) L. (Last) DAVIS

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH 2-4-87

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PROGRESS MAN

10B. KIND OF BUSINESS OR INDUSTRY: U.S. N. GUN FACTORY

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THEODOCUS DAVIS

14. MOTHER'S MAIDEN NAME: ELLA GOODRICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO —

17. INFORMANT & ADDRESS: ELEANOR DAVIS 1308 RITTENHOUSE ST. N.W. WASH. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO arterio-sclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1955, to Aug. 27 1955, that I last saw the deceased alive on Aug 27, 1955, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE J. F. Little M. D. ADDRESS 6911 5th St. N.W. DATE SIGNED Aug 27 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8/30/55 — NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR Aug. 27 1955 — REGISTRAR'S SIGNATURE Lillian Rodd

24. FUNERAL DIRECTOR Francis J. Collins — ADDRESS 3821-14th St. NW Wash. DC

7879

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville (rural) | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aspen Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville (rural) X
STREET ADDRESS (If rural, give location) Aspen Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) Timothy (Middle) James (Last) Davis

4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 15 97

9. AGE last birthday: 58 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Davis

14. MOTHER'S MAIDEN NAME: Bertie Elsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elsie Davis (wife) same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary occlusion DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Rowbottom M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-8-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-12-55 | NAME OF CEMETERY OR CREMATORY Arlington | LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 8/12/55 | REGISTRAR'S SIGNATURE Laurel Troutman | **24. FUNERAL DIRECTOR** Robert L. Snowden. ADDRESS Rockville, Md.

G.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■ is specially important. Physicians: please write the cause ■f death clearly ■nd legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07868

Item 7 Filed 8-12-55 et 7880

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Gertie (Middle) (Last) Diggs

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH. 4/25/87

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Diggs

14. MOTHER'S MAIDEN NAME: Isabella Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 4X

IMMEDIATE CAUSE (A) Adenocarcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 55 to Aug. 1, 19 55, that I last saw the deceased alive on July 31, 19 55, and that death occurred at 5:40 M., from the causes and on the date stated above.

SIGNATURE Earl Simmacher M.D. ADDRESS A.M. Gaithersburg DATE SIGNED Aug. 2, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 3 1955 — NAME OF CEMETERY OR CREMATORY Brookside — LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR 8-2-55 — REGISTRAR'S SIGNATURE Gertrude B Jarboe

24. FUNERAL DIRECTOR Roy W Barber — ADDRESS Laytonsville

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07869

7881

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) Washington Grove

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) (Last) Dodd

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 24 1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: Emma Elijah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Vernon M. Biddath (HALF Brother) 1334-14 H St. N.E. Washington

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
154X IMMEDIATE CAUSE	(A) Pneumonia	1 wk
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Secondary Anemia DUE TO	1 yr
	(C) Carcinoma Rectum	1 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30 19 55, to 8/1, 19 55 that I last saw the deceased alive on ..... 7/31, 19 55., and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE W. Stone M.D. ADDRESS Gaithersburg Md DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 3, 1955

NAME OF CEMETERY OR CREMATORY Neelsville Cemetery

LOCATION (City, town, or county) (State) Neelsville, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 4 1955

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Earl Butler ADDRESS Gaithersburg, Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07870

CERTIFICATE OF DEATH

7382 Reg. Dist. No. 2/6

1. PLACE OF DEATH: 7301 Hatfield St.
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ch. Ch. Md. | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: 7301 Hatfield St.
STATE Md. COUNTY Montgom
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Beryl (Middle) Fish (Last) Eaner
4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 12/21/1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Fish
14. MOTHER'S MAIDEN NAME: Catherine Shepard
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. E. Britzius

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH .

Interval Between Onset And Death

4 4 2 X
Immediate cause (a) Uremia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Kidney disease
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 15, 1955, to Aug 19., 1955, that I last saw the deceased alive on Aug 19, 1955, and that death occurred at 4:30 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Wm Harvey Cassell M.D. ADDRESS 5022 Connecticut Ave. N.W. DATE SIGNED 8/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 8/22/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Hyattsville (State) Md.
DATE REC'D BY LOCAL REGISTRAR 8/20/55 — REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Joseph Jewell Sons — ADDRESS 1756 Pa. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Gawler's.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07871

7836 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia Ave. 90 Curran Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 1609 N. Springwood Dr. S.S. Md

3. NAME OF DECEASED: (Type or Print) (First) Beatrice (Middle) Estel (Last) Farrar

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 16, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Grundman

14. MOTHER'S MAIDEN NAME: Wadey Fields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Madeline Keating 1609 N. Springwood Dr. S.S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 4343 (a) Cardiac Decompensation DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death 2-3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis arteriosclerosis ?

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1955, to Aug 14, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 10:50 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) William D. Lund MD ADDRESS Silver Spring, Md DATE SIGNED 8/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burial DATE THEREOF Aug 15 1955 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Greensboro N.C.

DATE RECD BY LOCAL REGISTRAR 8/14/55 REGISTRAR'S SIGNATURE J. Hilton DDL 24. FUNERAL DIRECTOR S.N. Nevius Co. ADDRESS 1901 14th St. N.W. Washington D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07872

7883

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,217 Big Rock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 10,217 Big Rock Road

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Richard (Last) Finnin

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 23, 1946

9. AGE last birthday: 9 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Joseph Finnin

14. MOTHER'S MAIDEN NAME: Loraine Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Richard J. Finnin
10,217 Big Rock Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19 & X
IMMEDIATE CAUSE (A) Metastasis to Lung — INTERVAL BETWEEN ONSET AND DEATH: Since
ANTECEDENT CAUSE (S) DUE TO of Sarcoma. — Operation
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) Osteo Sarcoma (Rt Leg) — 9/7/54

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ✓ Sept. 7, 1954

19B. MAJOR FINDINGS OF OPERATION: Osteo-sarcoma

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954 to 8/2, 1955, that I last saw the deceased alive on 8-2, 1955, and that death occurred at 3:35 P. M. from the causes and on the date stated above.

SIGNATURE: Charles A. Millwater M.D. — ADDRESS: 2434-16th NW Wash DC — DATE SIGNED: 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8/5/55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/4/55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner C. Pumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07873

7884

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 104 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryans Road
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Freeman

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: January 5, 1880

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Not stated

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Freeman

14. MOTHER'S MAIDEN NAME: Not stated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150 X

IMMEDIATE CAUSE (A) Hypotension And shock

ANTECEDENT CAUSE (S) DUE TO (B) Pulmonary edema and atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Post-op esophagogastrectomy

DUE TO (D) Carcinoma of esophagus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. --

19A. DATE OF OPERATION: 8-1-55

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of mid-esophagus

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) --

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Apr. 29 1955, to Aug. 2, 1955, that I last saw the deceased alive on Aug. 2, 1955, and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE Horace [illegible] M.D ADDRESS NIH DATE SIGNED 8/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-6-55 | NAME OF CEMETERY OR CREMATORY Macedonia | LOCATION (City, town, or county) (State) Bryans Road, Md.

DATE REC'D BY LOCAL REGISTRAR 8/4/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Barnett Matthews ADDRESS 614 4½ St. S.W.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7885 07874

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8813 Sundale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 5
STREET ADDRESS (If rural, give location) 8813 Sundale Drive 1

3. NAME OF DECEASED: (Type or Print) (First) JOSEPHINE (Middle) B. (Last) FREILICHER

4. DATE OF DEATH (Month) August (Day) 5 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Oct. 12, 1918	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	New York City, N.Y.	U.S.A.

13. FATHER'S NAME: Henri Richards

14. MOTHER'S MAIDEN NAME: Thereasa Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Mr. George Freilicher, 8813 Sundale Drive Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Marked congestion and edema of lungs	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Barbiturate poisoning (suicide)	Prob. 2 days
	DUE TO (c)		

970.2

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Brockhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-5-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/8/55	Mt. Olivet Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-55		Warmen & Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07875

7886

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TOWN Bethesda Rural
LENGTH OF STAY (in this place) 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Petersburg 49Y
STREET ADDRESS (If rural give location) 2020 1st Avenue North ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) LeRoy (Last) GALLAGHER

4. DATE OF DEATH (Month) August (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 12-8-86

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Service Station

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John GALLAGHER

14. MOTHER'S MAIDEN NAME: Lena FEASS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 100-18-3596

17. INFORMANT & ADDRESS: Wife Margaret L. GALLAGHER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

45 Y
IMMEDIATE CAUSE (A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hemorrhage, Secondary to surgery — 3½ Hours
DUE TO (C) Aneurism, aorta — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Aug 10, 1955

19B. MAJOR FINDINGS OF OPERATION: Aneurism, abdominal Aorta.

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to August 10, 1955 that I last saw the deceased alive on August 10, 1955, and that death occurred at 5:20 PM, from the causes and on the date stated above.

SIGNATURE D. C. Grumpelt D. C. [illegible] CAPT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial transit — DATE THEREOF: 8-17-55 — NAME OF CEMETERY OR CREMATORY: East Harrisburg Cemetery — LOCATION (City, town, or county) (State): Harrisburg, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 8-17-55 — REGISTRAR'S SIGNATURE: Mary C. Farrelly

24. FUNERAL DIRECTOR: Chambers Funeral Home — ADDRESS: 3072 M St. [illegible], Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07876

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural give location) 9700 Armisted Road

3. NAME OF DECEASED: (Type or Print) (First) Sherry (Middle) Colleen (Last) Gibbons

4. DATE OF DEATH: (Month) Aug. (Day) 24, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Sept. 24, 1951 | 9. AGE last birthday: 3 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Gibbons
14. MOTHER'S MAIDEN NAME: Mary Ann Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0
IMMEDIATE CAUSE (A) Circulatory collapse
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cellulitis, septicemia DUE TO
(C) Acute lymphatic leukemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 6-Mercaptopurine and Methotrexate toxicity

19A. DATE OF OPERATION: ---
19B. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---
21E. INJURY OCCURRED While at work ☐ Not while at work ☐ ---
21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Aug. 22, 1955, to Aug. 24, 1955, that I last saw the deceased alive on Aug. 24, 1955, and that death occurred at 6:15 A M, from the causes and on the date stated above.

SIGNATURE Daniel Nathans
ADDRESS M.D. Clinical Center, Bethesda, Md.
DATE SIGNED Aug 24 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 27, 1955
NAME OF CEMETERY OR CREMATORY Geo. Wash Mem. Cem.
LOCATION (City, town, or county) Pr. Geo. Co.
(State) Md

DATE REC'D BY LOCAL REGISTRAR 8/25/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Fenton St. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07877

CERTIFICATE OF DEATH

Reg. Dist. No. 216

7888

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown Rt. 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Gaver (Last) Gladhill

4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 8 1905

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gaver

14. MOTHER'S MAIDEN NAME: Sarah Brandenburg

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hosp. Record.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 170X (a) Bronchopneumonia + pulmonary abscesses

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastatic Carcinoma in lungs,

DUE TO

(c) Adenocarcinoma right breast

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1955, to Aug 21, 1955, that I last saw the deceased alive on Aug 21, 1955, and that death occurred at 11:24 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold Flick / Richard Master M.D. ADDRESS National Institutes of Health DATE SIGNED 8/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-23-55 NAME OF CEMETERY OR CREMATORY Lutheran Com. LOCATION (City, town, or county) (State) Middletown, Md

DATE REC'D BY LOCAL REGISTRAR 8/22/55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07873

7883

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 32 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chincoteague
STREET ADDRESS (If rural give location) 69 Enterprize Drive

3. NAME OF DECEASED: (Type or Print) (First) Cecelia (Middle) Florence (Last) GOMEZ

4. DATE OF DEATH (Month) August (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-23-25

9. AGE last birthday 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Vincent ROSEK

14. MOTHER'S MAIDEN NAME: Mary HYDUKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Louis C. GOMEZ Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

463 X IMMEDIATE CAUSE (A) Pulmonary Infarction — 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Thrombophlebitis of left leg — 4 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ~~Chronic~~

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic leptomeningitis — Unknown

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1955, to 2 August, 1955, that I last saw the deceased alive on 2 August, 1955, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

SIGNATURE G. I. PLITMAN LT MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial transit — **DATE THEREOF** 8-6-55 — **NAME OF CEMETERY OR CREMATORY** Prospect Lawn — **LOCATION** (City, town, or county) (State) Hamburg, New York

DATE REC'D BY LOCAL REGISTRAR 7-3-55 — REGISTRAR'S SIGNATURE Mary E. Tasselly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home — **ADDRESS** 7559 Wisconsin Avenue, Bethesda, Maryland

7890

07879 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1430 Fenwick Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural, give location) 1430 Fenwick Lane /

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) IVAN (Last) GOODWIN

4. DATE OF DEATH (Month) AUGUST (Day) 31 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 27, 1913	42 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Driver-Bookmobile
10b. KIND OF BUSINESS OR INDUSTRY: Library Montgomery County
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Ivan Goodwin
14. MOTHER'S MAIDEN NAME: Marion Adelaide Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO.: 578-28-5654
17. INFORMANT & ADDRESS: Mrs. Ruth M. Goodwin, 1430 Fenwick Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — DUE TO — Interval Between Onset and Death: 1½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David A. Burchard M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/6/55
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 9-6-55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07860

CERTIFICATE OF DEATH

7891 Reg. Dist. No. 225

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church
STREET ADDRESS (If rural give location) 1206 Radnor Place

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Leon Herman COVER

4. DATE OF DEATH (Month) (Day) (Year) August 19 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-19-05
9. AGE last birthday 50 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mariner
10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
11. BIRTHPLACE (State or foreign country): Massachusets
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick COVER
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) 4-2-24 to 1-26-46
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Rhoda COVER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

454X IMMEDIATE CAUSE (A) Occlusion, (Atherosclerotic) Right Vertebral Artery — INTERVAL BETWEEN ONSET AND DEATH: 28 HRS

ANTECEDENT CAUSE (B) DUE TO (B) Atherosclerosis — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombosis, Left Vertebral Artery ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1955 to Aug. 19, 1955, that I last saw the deceased alive on Aug. 19, 1955, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE W. D. Ingram — ADDRESS — DATE SIGNED

W. D. INGRAM CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-23-55
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 8-20-55
REGISTRAR'S SIGNATURE Mary E Connelly
24 FUNERAL DIRECTOR Ives Funeral Home
ADDRESS 2617 Wilson Blvd., Arlington, Virginia

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ITEM 7: Film G185789 0788

3/16/55 dmr.

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 36 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burtonsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) M (Last) (Graeves) Evans
4. DATE OF DEATH: (Month) (Day) (Year) Feb 1 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 6/7/91
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Hall.
14. MOTHER'S MAIDEN NAME: Eliz Dempsey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Ralph Evans Burton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) None
DUE TO (C) None.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30/55, to 8/1/55, that I last saw the deceased alive on 7/31/55, and that death occurred at 3:15 a M, from the causes and on the date stated above.
SIGNATURE J. M. Bird M. D. ADDRESS Sandy Spring DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-3-55
NAME OF CEMETERY OR CREMATORY Wash Memorial Cemetery
LOCATION (City, town, or county) (State) Pr Georges Md

DATE REC'D BY LOCAL REGISTRAR Aug 1 - 5 - 5
REGISTRAR'S SIGNATURE Gertrude B Fawley
24. FUNERAL DIRECTOR Robert B Pumphrey ADDRESS 7357 Alaska Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Item 3: f.1 — GLS 9/15/55 L

07882
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: 7893
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Echo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6008 Namakagan Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glen Echo
STREET ADDRESS (If rural, give location) 6008 Namakagan Rd

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Edward Eliot Green	Aug 30 1955	M	W	married	10-15-1891	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Aeronautical Engineer		Washington D.C.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Green	Catherine Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	Yes	Lottie R. Green Wife-6008 Namakagan Rd, Glen Echo Hgts. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
162X
Immediate cause (a) Pulmonary edema
DUE TO (b) Bronchopneumonia, left lung
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) Arteriosclerosis left & right coronaries

INTERVAL BETWEEN ONSET AND DEATH
(a) days
(b) years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic cardiac decompensation, fibrosis of lungs

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irving J. Brocchart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-31-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-2-55	Rock Creek Cem.	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/6/55	Bessie M. Thompson	Robert A. Jemphrey	Bethesda, Md.

7894

0788.3

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nat Naffle Jail, Ind

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY Richmond
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN W. New Brighton -Staten Island
STREET ADDRESS (If rural, give location) 438 Kissel Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ARTHUR LAWRENCE GREENE

4. DATE OF DEATH (Month) (Day) (Year): August 13, 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-4-01

9. AGE Last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Banker

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Greene

14. MOTHER'S MAIDEN NAME: Mary L. Foley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 113-01-1124

17. INFORMANT & ADDRESS: Mary C. Greene-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion DUE TO — Interval Between Onset and Death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irving J. Bassichis M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit

DATE THEREOF: 8-14-55

NAME OF CEMETERY OR CREMATORY: Staten Island

LOCATION (City, town, or county) (State): Richmond Co., New York

DATE REC'D BY LOCAL REG. 8/15/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Dunphey

ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07884

7895 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi
STREET ADDRESS (If rural give location) 8611 22nd Place

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Ruth (Last) GREENE

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 3-31-48

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William M.A. GREENE

14. MOTHER'S MAIDEN NAME: Virginia COOKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO - -

17. INFORMANT'S ADDRESS: Father, William M.A.GREENE 8611 22nd Place Adelphi, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 192X (A) Glioma, Brainstem — INTERVAL BETWEEN ONSET AND DEATH: 10 mos.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Jul., 1955, to 20 Aug., 1955, that I last saw the deceased alive on 20 Aug., 1955, and that death occurred at 3:10 PM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFIER: R.W.MACKIE, LCDR MC USN — ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 8-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8-23-55 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-20-55 — REGISTRAR'S SIGNATURE: Mary E. Donnelly

24. FUNERAL DIRECTOR: R.A.PUMPHREY — ADDRESS: 7557 Wisconsin Ave. Bethesda, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7837

07885 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural, give location) 4612 Coachway Drive 1

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) JAMES (Last) GROVER

4. DATE OF DEATH (Month) Aug. (Day) 20 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): child

8. DATE OF BIRTH: 6-26-1945

9. AGE last birthday: 10 yrs. IF UNDER 1 YEAR Months 1 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjamin I. Grover

14. MOTHER'S MAIDEN NAME: Margaret Harlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Schmaltz cousin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Shock - Hemorrhage DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiac Arrest DUE TO

(c) Rupture of spleen

843X

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 8-20-55

19b. MAJOR FINDING OF OPERATION: Rupture of spleen - Hemorrhage

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

21c. (City or town) Randolph Hills (County) mnty (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-16-55 - 8:30 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell to st from tricycle after colliding with a tricycle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broadhurst M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-23-55

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Aug-22-1955

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR E. A. Simmons

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07886

CERTIFICATE OF DEATH

7896 Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring E6
STREET ADDRESS (If rural give location) 1522 East-West Highway

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Marshall (Last) Hamill

4. DATE OF DEATH: (Month) (Day) (Year) August 31 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Dec. 11, 1912	42 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norfolk, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Myron B. Marshall
14. MOTHER'S MAIDEN NAME: Elizabeth Niemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Robert E.B. Hamill (above)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X IMMEDIATE CAUSE (A) Intracerebral hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Congenital aneurysm of anterior cerebral artery ruptured — 1 yr.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Aug, 19 55, to 31 Aug, 19 55, that I last saw the deceased alive on 31 Aug, 19 55, and that death occurred at 7:10 PM, from the causes and on the date stated above.

SIGNATURE Hugo V. Rygol, M.D. ADDRESS 7150 Conn. Ave Wash DC DATE SIGNED 2 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 3, 1955	Rock Creek Cemetery	Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 9/3/55
REGISTRAR'S SIGNATURE Bessie M. Hometron
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave Silver Spring

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07888

Item 8, Film G185 8-15-25 et 7897

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda Rural
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia COUNTY 49X.C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thomaston
STREET ADDRESS (If rural give location) 614 3rd Street

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) Tunis (Last) HARDEMAN

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-31-26

9. AGE last birthday 29 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Pat Leonard HARDEMAN

14. MOTHER'S MAIDEN NAME: Ruby CARUTHERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II, Korean

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Official Naval records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0
IMMEDIATE CAUSE (A) Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July 19 55 to 5 August 1955, that I last saw the deceased alive on 5 August, 1955, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE A. J. CAPPELLETTI LT MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial transit
DATE THEREOF: 8-9-55
NAME OF CEMETERY OR CREMATORY: Private Cemetery
LOCATION (City, town, or county) (State): Thomaston, Georgia

DATE REC'D BY LOCAL REGISTRAR: 8-5-55
REGISTRAR'S SIGNATURE: Mary E. Cassilly

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home
ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07887

7898

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 13 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 6303 E. Halbert Road

3. NAME OF DECEASED: (First) Laurence (Middle) Witherspoon (Last) HARRY

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-7-03

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10B. KIND OF BUSINESS OR INDUSTRY: Law

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis E. HARRY

14. MOTHER'S MAIDEN NAME: Minnie WITHERSPOON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Ada M. HARRY Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 30 secs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) massive antero-septal myocardial infarction — 15 hours

DUE TO (C) Hypertensive Cardio-vascular disease — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 August, 19 55 to 7 August, 19 55, that I last saw the deceased alive on 7 August, 19 55, and that death occurred at 3:55A M, from the causes and on the date stated above.

SIGNATURE H. T. PASSES LT MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8-10-55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-1-55

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07889

Ltr 18 Dr. Davens phone to USNH 8-24-55 ams

7899

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5614 Chillum Hts. Dr.

3. NAME OF DECEASED: (First) Marvin (Middle) Hugh (Last) HAYWARD
4. DATE OF DEATH (Month) August (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married	11-22-28	26 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mariner	U. S. Navy	Kansas	U. S.

13. FATHER'S NAME: Hugh HAYWARD
14. MOTHER'S MAIDEN NAME: Mildred TOMBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	Korean War	Unknown	Wife Lilia HAYWARD Same as item #2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
080.0 IMMEDIATE CAUSE	(A) Polio-myelo-meningo-encephalitis DUE TO "Acute Bulbar"	12 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work [ ] Not while at work [ ]	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1955, to Aug 21, 1955, that I last saw the deceased alive on Aug 21, 1955, and that death occurred at 6:50P M, from the causes and on the date stated above.

SIGNATURE H. F. [illegible] LT MC USN ADDRESS U. S. Naval Hospital NNMC, Bethesda, Maryland DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial transit	8-25-55	Mt. Cliver	Dwight, Illinois

DATE REC'D BY LOCAL REGISTRAR 8-22-55
REGISTRAR'S SIGNATURE Mary C. Farrelly
24. FUNERAL DIRECTOR ADDRESS A. Gawrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07890

Item 10 should be 8-17-55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

LENGTH OF STAY (in this place) 17 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 917 Kennin Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Montg

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 917 Kennin Rd

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) William E. Hall	8 17 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	4-2-1878	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired		Washington D.C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Hall	Lydia Brooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Corinne H. Kenneth (wife) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Barbiturate poisoning (Suicide) DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Several hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. E. Barnhart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-15-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-18-55	Oak Hill Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-15-55	Eleanor [illegible]	Deal Funeral Home	4812 Georgia ave NW Wash DC

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7901

07891

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
STREET ADDRESS (If rural give location) 708 Philadelphia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Miss (Middle) Bessie (Last) Hendricks

4. DATE OF DEATH: (Month) (Day) (Year) August 20 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 7/23/75 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson Hendricks
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Teddy Hendrick Nephew Ocean City Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
332 X IMMEDIATE CAUSE	(A) Bronchopneumonia	4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypostasis	6 days
	DUE TO (C) Cerebral Thrombosis from	2 wks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	cerebral arteriosclerosis	Indef

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13/55, to 8/20/55, that I last saw the deceased alive on 8/20/55, and that death occurred at 7:[illegible] M, from the causes and on the date stated above.

SIGNATURE Stephen R. Imes M.D. ADDRESS Rockville Md DATE SIGNED 8/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/23/55
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR Aug 25, 1955
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR T. Gaschs Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully! The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07892

7902

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 23 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5509 Roosevelt Street

3. NAME OF DECEASED: (First) Frank (Middle) L. (Last) Hess

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Sept. 4, 1871 | 9. AGE last birthday 83 yrs. | IF UNDER 1 YEAR Months 11 Days 25 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Geologist
10B. KIND OF BUSINESS OR INDUSTRY: Gov. Bureau of Mines
11. BIRTHPLACE (State or foreign country): Streator, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse M. Hess
14. MOTHER'S MAIDEN NAME: Mary Dorothea Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Eva Hess, wife - 5509 Roosevelt Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: ? hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial infarction, old — ? Yrs.

DUE TO (C) Coronary sclerosis, advanced — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 29 August 55
19B. MAJOR FINDINGS OF OPERATION: Rt. Lobectomy - Malignancy colon ?
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5 1955, to 8/29, 1955; that I last saw the deceased alive on 8/29, 1955, and that death occurred at 4 P.M, from the causes and on the date stated above.

SIGNATURE Seymour Greenbaum M.D. ADDRESS 9300 Ewing Drive, Bethesda Md. DATE SIGNED 8/31/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation | DATE THEREOF 9/1/1955 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR 9/6/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR: Roberts A. Pumphrey | ADDRESS: Bethesda, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7993 1st 0789.3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Potomac-Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3 Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Near Potomac- Rural
STREET ADDRESS (If rural, give location) RFD #3 Bethesda Md.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) LESTER (Last) HILL

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-26-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 10 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Hill

14. MOTHER'S MAIDEN NAME: Julia Marsden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Maude E. Hill-wife RFD #3 Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 420.1 Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Final Statement M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-12-55 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) (State) Rockville, Montg. Md

DATE REC'D BY LOCAL REG. 8/10/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | **24. FUNERAL DIRECTOR** Robert A. Humphrey ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07894

7351 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Grandin Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural give location) 700 Grandin Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) G (Last) HOLLAND

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 19-1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 10 Days 16 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Owner

10B. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Holland

14. MOTHER'S MAIDEN NAME: Alice Linthicum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Florence Holland Wife, 700 Grandin Ave. Rockville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO arterio sclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955 to Aug 5, 1955, that I last saw the deceased alive on Aug 4, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE Gilbert J Hartley M.D. ADDRESS Rockville, Md. DATE SIGNED 8/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-8-55 | NAME OF CEMETERY OR CREMATORY Rockville Union | LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REGISTRAR 8/8/55 | REGISTRAR'S SIGNATURE Laurell T. Hatton | 24. FUNERAL DIRECTOR Robert A. Humphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07895

! 7902 **CERTIFICATE OF DEATH** Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Yorktown Village
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5104 Worthington Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yorktown Village X
STREET ADDRESS (If rural give location) 5104 Worthington Drive

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) SANFORD (Last) HOLMES

4. DATE OF DEATH: (Month) Aug (Day) 21st (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Man

8. DATE OF BIRTH: Nov. 27, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR, Months 8 Days 24 IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Journalist

10B. KIND OF BUSINESS OR INDUSTRY: Writer

11. BIRTHPLACE (State or foreign country): Pawtucket, Rhode Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Eugene Holmes

14. MOTHER'S MAIDEN NAME: Jane Elizabeth Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: wife,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 7 1.3

IMMEDIATE CAUSE Exp. (A)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cardiac decompensation — 3 wks

(C) Arteriosclerotic & Hypertensive heart disease — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to August 21, 1955, that I last saw the deceased alive on Aug 21, 1955, and that death occurred at 10 25 A.M., from the causes and on the date stated above.

SIGNATURE E. B. Phelps M.D. ADDRESS 3800 Reservoir Rd NW Wash DC DATE SIGNED Aug 24 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/24/1955 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 8/22/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Roberts A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07896

CERTIFICATE OF DEATH

7833 Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington. 4?
STREET ADDRESS Apt. 21 (If rural give location) 1474 Columbia Rd, nw.

3. NAME OF DECEASED: (First) Nella (Middle) (NONE) (Last) Hook.

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 11/20/70 | 9. AGE last birthday 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ind
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hook.
14. MOTHER'S MAIDEN NAME: Amindat Strole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium Hospital Records. Takoma Park. Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — 7 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1955, to Aug 15, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 6:15 P M, from the causes and on the date stated above.
SIGNATURE Robert A Stareluk M.D. ADDRESS Takoma Park, Md. DATE SIGNED 8/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 18-1955
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Aug-16-1955
REGISTRAR'S SIGNATURE J. Nelson Dell
24. FUNERAL DIRECTOR The S.H. Hines Co
ADDRESS 2901 14th St N.W. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07897

7905

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 4 mo. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hialeah 43 X-3
STREET ADDRESS (If rural give location) 1010 West 1st Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) Sharpe (Last) HUFF

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-4-26

9. AGE last birthday 29 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jake L. SHARPE

14. MOTHER'S MAIDEN NAME: Rosalie HUFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband Lawrence N. HUFF Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1711X IMMEDIATE CAUSE (A) Metastatic Carcinoma

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of Cervix DUE TO Nov '54

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1955, to August 26, 1955, that I last saw the deceased alive on Aug 25, 1955, and that death occurred at 10:40A M, from the causes and on the date stated above.

SIGNATURE Paul P. McBride ADDRESS Lt. Cdr. MC USN U. S. Naval Hospital, M.C., Bethesda, Maryland DATE SIGNED 8/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-30-55

NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

LOCATION (City, town, or county) (State) Columbia, South Carolina

DATE REC'D BY LOCAL REGISTRAR 8-2-55

REGISTRAR'S SIGNATURE Mary E. Cassilly

24. FUNERAL DIRECTOR R. A. Tumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7906 **CERTIFICATE OF DEATH** Reg. Dist. No. 07893 2/12

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Beallsville, Rural
   LENGTH OF STAY (in this place): 50yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland COUNTY: Montg
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beallsville X
   STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): William Peerce Hunter

4. DATE OF DEATH: (Month) (Day) (Year): August 16 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov-22-1877

9. AGE Last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired farm owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Hunter

14. MOTHER'S MAIDEN NAME: Hannah Peerce

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John Hunter, Beallsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	42.1.0	Coronary occlusion	10 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(a) DUE TO	arteriosclerotic heart disease	2 years
	(b) DUE TO	Arteriosclerosis	10 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954 to Aug. 16, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): John J Fawcett M.D. ADDRESS: Boyd DATE SIGNED: Aug 17, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 18-55

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville, Md

DATE RECD BY LOCAL REGISTRAR: Aug. 18, 1955

REGISTRAR'S SIGNATURE: Charles W. Edgin per JFF

24. FUNERAL DIRECTOR: William B. Hilton ADDRESS: Barnesville, Md

VS. A15

07899

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7839

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3100 Connecticut Ave., N.W.

3. NAME OF DECEASED: (First) Nischa (Middle) Emma (Last) Ives

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 7, 1901

9. AGE last birthday 54 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? America - U.S.

13. FATHER'S NAME: Erik Otzen

14. MOTHER'S MAIDEN NAME: Margaret Rickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Records - Charts - Wash. San. and Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) Carcinoma of Pancreas with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct. 14, 1954

19B. MAJOR FINDINGS OF OPERATION: Tumor head of pancreas with bile duct obstruction

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Oct 6, 1954, to Aug. 18, 1955, that I last saw the deceased alive on 7/23, 1955, and that death occurred at 3:17 P.M., from the causes and on the date stated above.

SIGNATURE J. Hogle Warfield, Jr. ADDRESS M.D. 1726 Eye St., N.W. DATE SIGNED 8/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 22 1955 — NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem. — LOCATION (City, town, or county) (State) Ft. Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug 18 1955 — REGISTRAR'S SIGNATURE J. Wilson Dodd — 24. FUNERAL DIRECTOR Ulmer Co — ADDRESS 2901-14th St. N.W. D.C.

VS. A15—10-53

MARYLAND 7937

07309

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural - Silver Spring
MARYLAND
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Croft Sanatarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gulfport 48 X - 3
STREET ADDRESS (If rural, give location) 7808 Clifton St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Jackson

4. DATE OF DEATH (Month) 8 (Day) 3 (Year) 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 8-13-1875

9. AGE last birthday 79 yrs. If under 1 year Months 9 Days 26 If under 24 hr Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Boothroyd

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) None

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Kenneth T. Farnsworth (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis 422.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular sclerosis

(c) Senility

(d) Cachexia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1955 to Aug 3, 1955 that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 5:30 P m., (Aug 3) from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alvin J. Kibler M.D. Cedar Croft Sanatarium Silver Spring Md. 8/4/55

23. BURIAL, CREMATION REMOVAL. (Specify) Burial

DATE 8/8/55

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Hope Cemetery Tuscaloosa, Alabama

DATE REC'D BY LOCAL REG. 8/4/55

REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Robert H Dunphrey ADDRESS 7557 Wisconsin Ave Bethesda

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07901

v13 7908 **CERTIFICATE OF DEATH** Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Natl. Institutes of Health

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol, Maryland
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED: (Type or Print) (First) Wanda (Middle) Viola (Last) Jam

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: April 23, 1916
9. AGE last birthday 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: - Own Home
11. BIRTHPLACE (State or foreign country): N. D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schell
14. MOTHER'S MAIDEN NAME: Albina Stoebner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

17 X IMMEDIATE CAUSE (A) Intracerebral hemorrhage

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Choriocarcinoma, metastatic to brain DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: February, 1955
19B. MAJOR FINDINGS OF OPERATION: Choriocarcinoma by biopsy of vaginal lesion
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug. 26, 1955, to Aug. 28, 1955, that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 4:45 PM, from the causes and on the date stated above.

SIGNATURE William Kramer M.D. ADDRESS The Clinical Center M.D. National Institutes of Health DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/1/55
NAME OF CEMETERY OR CREMATORY Our Lady of Sorrows Catholic Cem.
LOCATION (City, town, or county) Owensville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/3/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

7909

MARYLAND STATE DEPARTMENT OF HEALTH

07902

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Glen, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Montgomery COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John Park
STREET ADDRESS (If rural, give location) 7807 Tomlinson Ave.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) B. (Last) Johnson

4. DATE OF DEATH (Month) August (Day) 2 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 19, 1875

9. AGE last birthday 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Real Estate Broker

11. BIRTHPLACE (State or foreign country) Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Col. V. M. Johnson

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS 5402 Tuscarawas Rd. Alfred L. Johnson, Glen Echo Hts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 157X Emaciation, inanition — Interval between onset and death: 6 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma Head of Pancreas with metastases — 9 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 15 Feb 55

19b. MAJOR FINDINGS OF OPERATION Carcinoma Head of Pancreas

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to June, 1955, that I last saw the deceased alive on Aug., 55, and that death occurred at 7.52 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: August 5, 1955 | NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cemetery | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Aug. 5 55 | REGISTRAR'S SIGNATURE Frances Cutler | 24. FUNERAL DIRECTOR Chung Chan Funeral Home | ADDRESS 5103 Wis., Ave., N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7903

7910

CERTIFICATE OF DEATH

Reg. Dist. No. 21 7

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
   COUNTY Montgomery — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY Montgomery
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
   STREET ADDRESS (If rural give location) N. Frederick Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Johnson

4. DATE OF DEATH: (Month) Aug. (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 4, 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Adams

14. MOTHER'S MAIDEN NAME: Mary V. Caloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Records at Boswell Nursing Home ~~Silver Spring, Maryland~~

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

IMMEDIATE CAUSE (A) Acute myocardial disease — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Metastatic Carcinoma of Liver and Skin — 2 mo.

DUE TO (C) Carcinoma of Left Breast — 4 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Hardening of arteries many years

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-30, 1955, to 7-20, 1955 that I last saw the deceased alive on 7-19, 1955, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS 125 Lewis Ave. DATE SIGNED 8-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal Burial — DATE THEREOF 8/23/55 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem. — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 8/24/55 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Joseph Gawler's Sons — ADDRESS 1256 Pa Ave. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07904

CERTIFICATE OF DEATH

7911

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY County Md; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norbeck, Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year) August 12 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: May 11 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norbeck

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Johnson

14. MOTHER'S MAIDEN NAME: Charlotte Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Emma Johnson, Silver Spring

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1

IMMEDIATE CAUSE (A) Decubitus

DUE TO Uraemia Toxic Nephritis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Gangrene both extremities

(C) Arteriosclerosis (Buerger's Disease)

INTERVAL BETWEEN ONSET AND DEATH: April 55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25 19 55 to Aug 12, 19 55, that I last saw the deceased alive on Aug 12, 19 55, and that death occurred at 5:20 P M, from the causes and on the date stated above.

SIGNATURE M. Ashley Jewell M. D. ADDRESS Norbeck Md DATE SIGNED Aug 15, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: Aug 15/55; NAME OF CEMETERY OR CREMATORY: Norbeck; LOCATION (City, town, or county) (State): Norbeck Md

DATE REC'D BY LOCAL REGISTRAR: Aug 15-55; REGISTRAR'S SIGNATURE: Wilmuda L. Cooke

24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07905

7912

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

Item 7, Film 185 8-12-55 et

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Norbeck
LENGTH OF STAY (in this place) 1 Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Bradford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Johnson

4. DATE OF DEATH. (Month) August (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: May 23 80
9. AGE last birthday 75 yrs
IF UNDER 1 YEAR: Months / Days / IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Martha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Florence Marshall Spencerville, Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Thrombosis	1 Hour
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Auricular Fibrillation & Epileptiform Seizures	1 Hour
	DUE TO (C) Cardiorenal Hypertension	1948
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Right Inguinal Hernia	1948

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22 19 54 to Aug 5 19 55 that I last saw the deceased alive on Aug 5, 19 55, and that death occurred at 11.40 P M, from the causes and on the date stated above.

SIGNATURE Dorothy Turner M. D. ADDRESS Norbeck, Md. DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-8-55
NAME OF CEMETERY OR CREMATORY Round Oak,
LOCATION (City, town, or county) (State) Spencerville, Md.

DATE REC'D BY LOCAL REGISTRAR 8-8-55
REGISTRAR'S SIGNATURE Estinda B Tawes
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07906

7913 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 62 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 6311 Stratford Road

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Belle (Last) Jones

4. DATE OF DEATH: (Month) Aug. (Day) 2, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Sept. 19, 1882 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR: Months 10 Days 13 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George W. Rowe

14. MOTHER'S MAIDEN NAME: Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Thomas F. Jones 6311 Stratford Road, Chevy Chase, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X
IMMEDIATE CAUSE (A) Carcinoma of Colon.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1955, to Aug 2, 1955 that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE Donald O Elsmore M.D. ADDRESS 5707 Wisconsin Ave DATE SIGNED Aug 3/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-5-55 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 8/4/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Dumphrey | ADDRESS Bethesda Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07907

7849

CERTIFICATE OF DEATH

Reg. Dist. No. 213-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 15½ days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4 COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia
STREET ADDRESS (If rural give location) 4000 Cathedral Ave.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Grace (Last) Jullien

4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Caucasian | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 4-2-77 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis [redacted] Cochran | 14. MOTHER'S MAIDEN NAME: Unknown - Klutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 443X — (A) Cerebral Hemorrhage — 2 mo.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardiovascular Disease — 10 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1955, to Aug 24, 1955, that I last saw the deceased alive on Aug 23, 1955, and that death occurred at 5:45 A M, from the causes and on the date stated above.

SIGNATURE James M. Whitford — ADDRESS M. D. 7600 Carroll Ave, Takoma Park md — DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/26/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem | LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REGISTRAR Aug 24 1955 | REGISTRAR'S SIGNATURE E. Wilson Dodd | 24. FUNERAL DIRECTOR J. B. S. H. Funeral Co. | ADDRESS 2906 14th St. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07908

7914

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
LENGTH OF STAY (in this place) 2 1/2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1404 Moffett Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1404 Moffett Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Ray (Last) Kane

4. DATE OF DEATH: (Month) Aug. (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 21, 1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 1 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker

10B. KIND OF BUSINESS OR INDUSTRY: Railroad.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Kane

14. MOTHER'S MAIDEN NAME: Minnie Mowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT & ADDRESS: Wilbur Hone 1404 Moffet Road, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
5271 IMMEDIATE CAUSE	(A) Acute Left Ventricular Heart Failure	5 days.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Pulmonary Emphysema-	15 years-
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1955, to Aug. 24, 1955, that I last saw the deceased alive on Aug. 24, 1955, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE James L. Laubach, M.D. ADDRESS 1806 Fox St, Hyattsville, Md. DATE SIGNED Aug. 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transf | DATE THEREOF 8/25/55 | NAME OF CEMETERY OR CREMATORY Fairview Cemetery | LOCATION (City, town, or county) (State) Altoona, Pa Blair Cty

DATE REC'D BY LOCAL REGISTRAR 8/26/55 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR C. Owen E. Dunphrey ADDRESS 8434 Georgia Ave Silver Spring Md

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 18 07909

7352

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 Rockville — LENGTH OF STAY (in this place) 2 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 S. Van Buren Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
   STREET ADDRESS (If rural give location) 124 S. Van Buren Street

3. NAME OF DECEASED (Type or Print): (First) Dion (Middle) Keith (Last) KERR

4. DATE OF DEATH: (Month) August (Day) 26, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1, 1883
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 4 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Horse Trainer
10b. KIND OF BUSINESS OR INDUSTRY: ??
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Kerr
14. MOTHER'S MAIDEN NAME: Laurie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hugh A. Kerr - 459 Amboy Avenue Woodbridge, New Jersey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X

		Interval Between Onset And Death
Immediate cause (a)	Cerebral hemorrhage	4 weeks
DUE TO (b) Antecedent causes (s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	Cerebral arteriosclerosis	years
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19, 1954 to Aug 26, 1955, that I last saw the deceased alive on Aug 25, 1955, and that death occurred at 7:35 AM, from the causes and on the date stated above.
SIGNATURE Wm. Webb (Degree or title) M.D. ADDRESS Rockville DATE SIGNED 8/26/55.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit DATE THEREOF 8/26/55 NAME OF CEMETERY OR CREMATORY Warrenton LOCATION (City, town, or county) Fauquier Co. (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 8/26/55 REGISTRAR'S SIGNATURE Laurell Kraytory A.G.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M I

VS. A15

7915

07910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age should be written in words. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physician: please write the causes of death clearly and legibly. Especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1601 Dennis Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Archbald
STREET ADDRESS (If rural, give location) 437 Salem Street

3. NAME OF DECEASED (Type or Print): (First) Kathryn Agnes (Middle) (Last) Kilgannon

4. DATE OF DEATH: (Month) Aug. (Day) 3, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/9/76

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife- retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elk Lake, Wayne Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh Brady

14. MOTHER'S MAIDEN NAME: Ellen Coggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Mary E Perzella, 1601 Dennis Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X Immediate cause (a) Cancer of Rectum — Interval between onset and death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — Yes

19a. DATE OF OPERATION: April 20, 1955

19b. MAJOR FINDINGS OF OPERATION: Inoperable cancer rectum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1955, to 8/3, 1955 that I last saw the deceased alive on 8/3, 1955 and that death occurred at 10.30 p.m., from the causes and on the date stated above.

SIGNATURE: John E Curry M.D. (Degree or title) ADDRESS: 11301 Georgia Ave Silver Spring, Md. DATE SIGNED: 8/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 8/4/55 — NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — LOCATION (City, town, or county) (State): Mayfield, Pa.

DATE REC'D BY LOCAL REG. 8/4/55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Lumphrey — ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

1

MARYLAND STATE DEPARTMENT OF HEALTH

07911

7916

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 12 Silver Spring
   - LENGTH OF STAY (in this place):
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Maple Lane Nursing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C COUNTY
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington 411
   - STREET ADDRESS (If rural give location): 6412 Ga ave n w

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) WHITE (Last) KLOPFER

4. DATE OF DEATH: (Month) Aug (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Jan 2 1870

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Wash. D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Lewis White

14. MOTHER'S MAIDEN NAME: Susan Yount

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lewis W Klopfer 1410 Locust Rd. Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332x Immediate cause	(a) Cerebral thrombosis	12 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) cerebral sclerosis	3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13, 1955, to 8/25, 1955, that I last saw the deceased alive on 8/24, 1955, and that death occurred at 7:05 A m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS 6234 [illegible] DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 8-27-55 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 8/26/55 | REGISTRAR'S SIGNATURE Frances [illegible] | 24. FUNERAL DIRECTOR Deal Funeral Home | ADDRESS 4812 Ga ave Wash DC

07912

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7917

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 Greenbrier Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 502 Greenbrier Dr.

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) Margaret (Last) Koch
4. DATE OF DEATH (Month) Aug. (Day) 15 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH August 9, 1867 | 9. AGE last birthday 88 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Salisbury Conn. | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Andrew Neville | 14. MOTHER'S MAIDEN NAME Bridget Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Georgia Hemstreet, 502 Greenbrier Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval between onset and death 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, general with senile mental changes. — 8 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended (did not attend) the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:15 P.M., from the causes and on the date stated above. (See reverse side)

SIGNATURE Philip H. Varney M.D. (Degree or title) ADDRESS DATE SIGNED Aug. 15, 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 18, 1955 | NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | LOCATION (City, town, or county) Lakeville, (State) Conn.

DATE REC'D BY LOCAL REG. 8-16-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR (Owner) Arthur D. Collins | ADDRESS 754 Carroll St. N.W., Takoma Park, 12, D.C.

Signed by me by phone permission
of Coroner, Dr. F. J. Broadhurst.

C. H. Warner, M.D.

MARYLAND STATE DEPARTMENT OF HEALTH

7918 2411 N. Charles Street, Baltimore 07913

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 843 Northampton Dr.

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) (Last) KOHLER

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8, 1898

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB FRANKS

14. MOTHER'S MAIDEN NAME: LOUISE SCHLITZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 190-14-7179

17. INFORMANT AND ADDRESS: HENRY KOHLER (SAME AS ABOVE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.9 Immediate cause (a) Coronary Arteriosclerosis — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Esophageal Varice — 3 yrs

(c) Cirhosis of liver ? —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Gastro intestinal bleeding — 3 yrs

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 21 Aug, 1955, that I last saw the deceased alive on 21 Aug, 1955, and that death occurred at 8:15a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gayle Wallace MD ADDRESS 5921 Ramsgate Rd. Woodacres, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: AUG 25 1955

NAME OF CEMETERY OR CREMATORY: ARLINGTON NATL

LOCATION (City, town, or county) (State): ARLINGTON, VA.

DATE RECD BY LOCAL REG. 8/24/55

REGISTRAR'S SIGNATURE Frances Fisher

24. FUNERAL DIRECTOR: W.W. Tattersall ADDRESS 3619-14th St. N.W. Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07914

7919 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 13 hr 33 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Indianhead
STREET ADDRESS (If rural give location) 8 Cogswell Avenue

3. NAME OF DECEASED: (First) John (Middle) Joseph (Last) LEONARD
4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-22-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 13 Min. 38

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
10B. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stephen George LEONARD
14. MOTHER'S MAIDEN NAME: Alice HEROZIK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mother Alice H. LEONARD Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776X IMMEDIATE CAUSE (A) Prematurity.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1955, to Aug 22, 1955, that I last saw the deceased alive on Aug 22, 1955, and that death occurred at 10:35P M, from the causes and on the date stated above.

SIGNATURE R. L. S. [illegible] MC USN — ADDRESS U. S. Naval Hospital, NRMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial transit — DATE THEREOF 8-29-55 — NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery — LOCATION (City, town, or county) Buffalo, New York (State)

DATE REC'D BY LOCAL REGISTRAR 8-23-55 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. Murphrey Funeral Home — ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7929

CERTIFICATE OF DEATH

07915

Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53 21855-51291 (C)

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Ch[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indianhead 08X-4
STREET ADDRESS (If rural give location) 8 Cogswell Avenue ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Stephen Peter LEONARD

4. DATE OF DEATH (Month) (Day) (Year) August 26 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 8-22-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stephen George LEONARD

14. MOTHER'S MAIDEN NAME: Alice [illegible]DRIK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mother Alice LEONARD Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Pulmonary Hyaline Membrane Disease DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Prematurity at 31 weeks gestation DUE TO — 4 days

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 22, 1955, to Aug 26, 1955, that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 8:20 A M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews, M.D. ADDRESS U. S. Naval Hospital, MMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial transit

DATE THEREOF: 8-29-55

NAME OF CEMETERY OR CREMATORY: St. Stanislaus Cemetery

LOCATION (City, town, or county) (State): Buffalo, New York

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Gary E. Tasselly

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7841 **CERTIFICATE OF DEATH** Reg. Dist. No. 07916 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 17 Takoma Park
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanit. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach
STREET ADDRESS (If rural give location) 805 7th Street

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Bingham (Last) Lewis

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1955

5. SEX: male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Sep.
8. DATE OF BIRTH: 1-21-10
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR, Months / Days; IF UNDER 24 HRS., Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Railroad - Union St.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Lewis
14. MOTHER'S MAIDEN NAME: Mamie Oliveri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Washington Sanit. + Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

461x
IMMEDIATE CAUSE (A) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Surgical Shock-Post operative — 30 hrs.
(260X)
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — Terminal

19A. DATE OF OPERATION: 8/25/55
19B. MAJOR FINDINGS OF OPERATION: Cancer Lymph - Lung Gl.
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21/55, to 8/26/55 that I last saw the deceased alive on 8/21/55, and that death occurred at 5:37 P.M., from the causes and on the date stated above.
SIGNATURE [illegible] M.D. ADDRESS Takoma Park Md DATE SIGNED 8/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 30/1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland R 60 Co Md (State)

DATE REC'D BY LOCAL REGISTRAR Aug 29 1955
REGISTRAR'S SIGNATURE J Nelson Dodd
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7922

07917

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brighton
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monta
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brighton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Sonia (Last) Lincoln

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8/26/1876

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Burkley

14. MOTHER'S MAIDEN NAME: Virginia - Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 ?

Immediate cause (a) Chronic myocarditis — Interval Between Onset and Death: 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic cardiovascular renal disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 25, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE: L.D. Bryant (Degree or title) — ADDRESS: Sandy Spring, Md — DATE SIGNED:

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 9-1-55

NAME OF CEMETERY OR CREMATORY: Ash Memorial

LOCATION (City, town, or county) (State): Sandy Spring, Md

DATE REC'D BY LOCAL REG.: 8-30-55

REGISTRAR'S SIGNATURE: Gertrude B Lawrence

24. FUNERAL DIRECTOR: Robert L. Snowden

ADDRESS: Rockville Md

7922

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07918 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gaithersburg
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md State Emergency Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa COUNTY Bedford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Manns Choice
STREET ADDRESS (If rural, give location) Box 27 ✓

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Lyons
4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	7-27-97	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer		Pa	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Lyons	Nancy Ann Getzendanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs E Lyons (wife) Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	½ hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 8-17-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-17-55	Woodlawn	Chambersburg Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 14-55	Charles L. Cook	Sellers Funeral Home	Waynesboro Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7923 MARYLAND STATE DEPARTMENT OF HEALTH 07919

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3203 Edgewood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3203 Edgewood Rd

3. NAME OF DECEASED (Type or Print) (First) William (Middle) G. (Last) Manseau

4. DATE OF DEATH (Month) Aug. (Day) 19 (Year) 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 17-1889

9. AGE last birthday 66 yrs. If under 1 year Months 6 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer

10b. KIND OF BUSINESS OR INDUSTRY Storekeeper

11. BIRTHPLACE (State or foreign country) Vermont

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Arthur Manseau

14. MOTHER'S MAIDEN NAME Aime Patneaude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Flore L. Manseau 3203 Edgewood Rd, Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetis Mellitus — 10 yrs.

(c) Essential hypertension — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952 to Aug 19, 1955 that I last saw the deceased alive on Aug. 19, 1955, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. (Degree or title) ADDRESS 11301 [illegible] DATE SIGNED 8/19/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial-transit

DATE THEREOF 8-22-55

NAME OF CEMETERY OR CREMATORY St. Francis Xavier Cem

LOCATION (City, town, or county) Chittendon Co. (State) Vt.

DATE RECD BY LOCAL REG. 8/20/55

REGISTRAR'S SIGNATURE Bessie McNamara

24. FUNERAL DIRECTOR Robert A. Dunphey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07929

7924

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 14 days 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Suburban Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4423 Rosedale Ave. X X
STREET ADDRESS (If rural give location) Bethesda

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Flora (Last) Mason

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: Feb. 11, 1866 | 9. AGE last birthday: 89 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Monaco Co. Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Barnes | 14. MOTHER'S MAIDEN NAME: Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cardio-respir. failure — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral thrombosis — 2 wks

DUE TO

(C) Gen. arteriosclerosis — Indefinite

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20/55, to 8/26/55, that I last saw the deceased alive on 8/26/55, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones, M. D. ADDRESS Rockville, Md. DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-28-55 | NAME OF CEMETERY OR CREMATORY Parker Cemetery | LOCATION (City, town, or county) Spotsylvania Co. (State) Va.

DATE REC'D BY LOCAL REGISTRAR 8/29/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24 FUNERAL DIRECTOR A.W. Chambers Co | ADDRESS 1400 Chapin NW

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

: 7925

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07921 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Forestville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E. (Last) Meson

4. DATE OF DEATH (Month) 8-24 (Day) (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Colored	Widower	July 25, 1907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Barber		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Levi Mason	Lethia Beckwith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	220-30-3588	Genevieve Taylor (Sister) 436 Newton Pl. N.W. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Comminuted fracture of skull	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
8-21-55	Cerebral Hemorrhage - Fracture of skull	

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Home	Garrett Park Monty Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
8-23-55 - 10:45 P.M.		Struck on head with ball bat

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Irvin J. Borchardt M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/27/55	St Paul	Sugarland, Monty, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/55	Bessie M. Thompson	R. L. Snowden	Rockville, Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07922

7926 CERTIFICATE OF DEATH Reg. Dist. No. 516

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (In this place) 34 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Canebrake
STREET ADDRESS (If rural give location) - -

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Rose (Last) Mathena

4. DATE OF DEATH: (Month) August (Day) 31, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 1, 1906

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months 2 Days 30 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gus Waldron

14. MOTHER'S MAIDEN NAME: Mary Grahm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0
IMMEDIATE CAUSE (A) Pharyngitis and Parapharyngeal cellulitis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Pancytopenia DUE TO
(C) Acute Lymphatic Leukemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 1. Uremia, ? nephrosis due to Polymyxin 2. ? Methotrexate & 6-mercaptopurine toxicity

19A. DATE OF OPERATION: -- 19B. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 28, 1955, to August 31, 1955 that I last saw the deceased alive on August 31, 1955, and that death occurred at 7:20A M, from the causes and on the date stated above.

SIGNATURE, M. D. Richard A. Pastan ADDRESS The Clinical Center National Institutes of Health DATE SIGNED 8-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit DATE THEREOF 8/31/1955 NAME OF CEMETERY OR CREMATORY Maplewood LOCATION (City, town, or county) (State) Tazewell Co. Virginia

DATE REC'D BY LOCAL REGISTRAR 8/31/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts & Pumphrey ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7927 0792.3

CERTIFICATE OF DEATH

Reg. Dist. No. 2.18

1. PLACE OF DEATH:
COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) #16 Maryland ave —

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Robert (Last) McCabe
4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Mar 24-1872
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 4 Days 23 IF UNDER 24 HRS.: Hours Mln.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Geographic Surveyor
10b. KIND OF BUSINESS OR INDUSTRY: Father Dept U.S.C. & G.S.
11. BIRTHPLACE (State or foreign country): Paris Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James E McCabe
14. MOTHER'S MAIDEN NAME: Susan Mealy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Forest Walker Salisbury Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	12 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	3 yrs
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16 19[illegible] to 8-17 1955 that I last saw the deceased alive on 8-16 1955, and that death occurred at 6:30 A., from the causes and on the date stated above.
SIGNATURE (Degree or title) F J Brouchart ADDRESS Salisbury Md DATE SIGNED 8-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-19-55 NAME OF CEMETERY OR CREMATORY Forest Lawn LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 18-55 REGISTRAR'S SIGNATURE Arnold G Corbin 24. FUNERAL DIRECTOR Ernest L Gordon ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

7353

2411 N. Charles Street, Baltimore

07924

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Mont — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) See 4, Mont. Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANCES (Middle) PICKETT (Last) MELLICHAMPE
4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1955

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 29 1890
9. AGE last birthday 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Francis Marion Pickett
14. MOTHER'S MAIDEN NAME Eleanora Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Daughter, Mrs F.L. Sheffield, Falls Church Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 1/2 Hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic Heart Disease — Interval between onset and death: Many years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19 52, to Aug 18, 1955, that I last saw the deceased alive on August 1, 1955, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE? (Degree or title) ADDRESS DATE SIGNED
H. E. Kolb M.D. Rockville 8/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug 21, 1955
NAME OF CEMETERY OR CREMATORY: Pohick Cemetery
LOCATION (City, town, or county) (State): Lorton Virginia

DATE REC'D BY LOCAL REG. Aug. 19 1955
REGISTRAR'S SIGNATURE: Lauree Kreytop
24. FUNERAL DIRECTOR: S. H. Hines Co
ADDRESS: Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7928

Reg. Dist. No. 07925/6

Bethesda

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clinical Center National Inst. of Health.

2. USUAL RESIDENCE (HOME) OF DECEASED: Houma
STATE Louisiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houma
STREET ADDRESS (If rural give location) Box 203 ✓

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Leonard (Last) Miller
4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 25, 1889
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dry Cleaner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Miller
14. MOTHER'S MAIDEN NAME: Laura Carroll

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Not available
17. INFORMANT & ADDRESS: ~~Albert~~ Miller, R.C. (son) CassTown, Ohio RR. #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

190X
Immediate cause (a) Uremia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic renal failure
DUE TO
(c) Metastatic melanoma

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 19 55 to 8/10, 19 55 that I last saw the deceased alive on 8/10, 19 55, and that death occurred at 3:45 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. C. L. Fried M.D.

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF 8/13/55
NAME OF CEMETERY ~~OR CREMATORY~~ FOREST HILL
LOCATION (City, town, or county) (State) PIQUA OHIO

DATE REC'D BY LOCAL REGISTRAR 8/10/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W W Chambers Co
ADDRESS 1400 Chain Bridge Rd Wash D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07926

Items 1,2, FilmG165 8-1:-55 et 7929

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy Chase MD; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3611 Spring St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X; STREET ADDRESS (If rural give location) 3611 Spring St

3. NAME OF DECEASED: (First) REGINALD (Middle) TORPE (Last) MITCHELL (Type or Print)

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: MAY 4 1882

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contract Hardware

10B. KIND OF BUSINESS OR INDUSTRY: Ret

11. BIRTHPLACE (State or foreign country): Troy N.Y.

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: Pleacher mitchell

14. MOTHER'S MAIDEN NAME: MARY Hegamen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 044-05-2704

17. INFORMANT & ADDRESS: MRS AMY Mitchell 3611 Spring St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Prostate Gland.

ANTECEDENT CAUSE (S) (B) DUE TO with bony metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948, to Aug 6, 1955, that I last saw the deceased alive on Aug 6, 1955, and that death occurred at 3:50 P.M, from the causes and on the date stated above.

SIGNATURE Stewart Schaffer M.D. ADDRESS 3921 Ingomar St N.W. DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 8-9-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland MD

DATE REC'D BY LOCAL REGISTRAR 8/8/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR H. S. B. Hines | ADDRESS 2901-14

Mr. Rex T. Mitchell
S. H. Hines Co.

7930 07927

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ...

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Silver Spring R-1
STREET ADDRESS (If rural, give location) 103 Bonifant Rd

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Mobley

4. DATE OF DEATH (Month) Aug (Day) 9 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7-12-28
9. AGE last birthday: 27 yrs IF UNDER 1 YEAR Months 0 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charley R. Mobley
14. MOTHER'S MAIDEN NAME: Carrie Gingels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lillian E. Mitchell-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subdural hemorrhage — Sudden
DUE TO
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Fracture of skull
DUE TO
(c) Rupture of spleen, liver & inf. vena cava

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Comp fracture of femur Rt. – Fracture Rt. humerus.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
21c. (City or town) Brinklow (County) Montg (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-9-55 - 5:45 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Passenger in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-9-55

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial
DATE THEREOF 8-13-55
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 8-11-55
REGISTRAR'S SIGNATURE Gertrude B. Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK—Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07923

7931

CERTIFICATE OF DEATH

Reg. Dist. No. 21 4

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5IV-MANSFIELD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY 47X-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON. D.C.
STREET ADDRESS (If rural give location) 2700 - Q. ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) ROSE (Middle) (Last) MOGIN

4. DATE OF DEATH: (Month) AUG. (Day) 31 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH:

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BORIS HARWITH

14. MOTHER'S MAIDEN NAME: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: LESTER MOGIN 5IV MANSFIELD RD. SILVER SPRING MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
157X IMMEDIATE CAUSE	(A)	Carcinoma of The Pancreas	10 MO.
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO		
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: FEB 1955

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 1954 to AUG 31, 1955 that I last saw the deceased alive on Aug 31, 1955, and that death occurred at 10:55 M, from the causes and on the date stated above.

SIGNATURE Irene B. Hall M.D. ADDRESS 900-17 ST NW. DATE SIGNED 8/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Sept. 1-1955 NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Cem. LOCATION (City, town, or county) Hyattsville Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-1-55 REGISTRAR'S SIGNATURE Frances Cotter

24. FUNERAL DIRECTOR Gawthrop Funeral Home ADDRESS 4217-9th St NW

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7932

07929

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD Manor Club Estates, Rockville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15,101 Rosecroft Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: RFD Manor Club Estates, Rockville

STREET ADDRESS (If rural, give location): 15,101 Rosecroft Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	B	Montgomery	Aug.	20	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2/27/02	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Vice-Pres.	Acacia Mutual Life Insurance Co.	Washington, D. C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Montgomery	Maude Howlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	577-03-4726	Mrs. Ruth Porter Montgomery 15,101 Rosecroft Dr., Manor Club Estates, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: Frank J. Broccoli M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 8-20-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/23/55	Parklawn Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-23-55	Frances Fisher	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07939

7933 **CERTIFICATE OF DEATH** Reg. Dist. No. 2/6

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, DC
STREET ADDRESS (If rural give location) 4105 West Ave N. W.

3. NAME OF DECEASED (Type or Print): (First) Mrs. (Middle) Annie (Last) J. Moore

4. DATE OF DEATH: (Month) August (Day) 25 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 11/12/79 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR: Months 9 Days 12 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward E Wheatley | 14. MOTHER'S MAIDEN NAME: Mary Mahagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S ADDRESS: (Name) Mrs. Emmett Courick (Address) 4021 Everett St. (City or Town) Kensington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1955 to 8/24, 1955, that I last saw the deceased alive on 8/25, 1955, and that death occurred at 12:32 AM, from the causes and on the date stated above.

SIGNATURE Morton C. Bredt M. D. | ADDRESS Washington Clinic | DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-27-55 | NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8/26/55 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR Robert A. Umphrey | ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr Bruchert / Coroner no autopsy (m?)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07931

7934 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53 20853653644

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) California
STREET ADDRESS (If rural give location) Town Creek Manor

3. NAME OF DECEASED: (First) Stephen (Middle) Michael (Last) MOORE
4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH. 8-11-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
10B. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John T. MOORE
14. MOTHER'S MAIDEN NAME: Parri L. BRINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Father John T. MOORE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ATELECTASIS — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S) DUE TO (B) HYALINE MEMBRANE DISEASE — 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 13, 1955 to August 13, 1955, that I last saw the deceased alive on August 13, 1955, and that death occurred at 5:38 P.M., from the causes and on the date stated above.

SIGNATURE Howard A. Pearson — ADDRESS H. A. PEARSON LTJG MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 8-16-55 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) Prince Georges County, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-15-55 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home — ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07933

7842

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
MARYLAND LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 722 Sligo Ave

3. NAME OF DECEASED: (Type or Print) First: Nettie (Middle) (Last) Mullican

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: April 14, 1878
9. AGE last birthday IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 77 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kesner
14. MOTHER'S MAIDEN NAME: Margaret Gates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Arthur L. Mullican 722 Sligo Ave., Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO Cerebral Hemorrhage — 6 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Essential Hypertension — Glon

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1955 to Aug 12, 1955, that I last saw the deceased alive on Aug 11, 1955 and that death occurred at 6:40 P.M. from the causes and on the date stated above.
SIGNATURE Maurice A. Fuller M. D. ADDRESS 915 19th St NW DATE SIGNED Aug 12 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8/15/55
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 14 1955
REGISTRAR'S SIGNATURE J. Wilmer Dodd
24. FUNERAL DIRECTOR Elsemer E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7843 [illegible] 07933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 52 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hyattsville 1613
STREET ADDRESS (If rural, give location) 7949 18th Ave

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) Marie (Last) Mullins

4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10-31-14
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Hswf.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Welton
14. MOTHER'S MAIDEN NAME: Harriet Gross [illegible] Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

916.0

		Interval Between Onset and Death
Immediate cause (a)	Cardiac failure	3 min
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Extensive 3rd degree burns	52 days
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,)
21c. (City or town) Hyattsville (County) P. Georges Co (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 14, 1955 4 50 P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Smoking in [redacted]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-6-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/9/55
NAME OF CEMETERY OR CREMATORY Old Pine Grove
LOCATION (City, town, or county) (State) Waterbury, Conn.

DATE REC'D BY LOCAL REG. Aug. 6th 1955
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Jos. Gawler's Sons
ADDRESS 1756 Pa. Ave. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07934

7935

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8919 1st Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 8919 1st Ave.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) A.H. (Last) Nalley

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5/15/98

9. AGE last birthday: 57 yrs (IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist- Gov't. Printing Office

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nalley

14. MOTHER'S MAIDEN NAME: Laura Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Goldie B. Nalley 8919 1st Ave., Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Acute Congestive [illegible] — "

(C) Coronary [illegible] — Hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to [illegible], 1955, that I last saw the deceased alive on [illegible], 1955, and that death occurred at [illegible] P. M. from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/1/55

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug 31, 1955

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner & Pumphrey

ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

07935

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7936

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 12 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7809 Fairfax Road

2. USUAL RESIDENCE (HOME) OF DECEASED (LEGAL RESIDENCE) STATE New York — COUNTY Nassau
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Center 67X3
STREET ADDRESS (If rural, give location) 41 Front Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alexine	Davison	Nix	August	19	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Jan. 6, 1866	89 yrs.	9 / 13	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	New York	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Davison	Mary Alma Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Alma Saunders 7809 Fairfax Rd, Bethesda

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4-240 Immediate cause	(a) Hypostatic Pneumonia	5 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Decubitus Ulcers, Massive	2 Months
	(c) Arteriosclerosis, Generalized	4 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 8, 1952, to August 19, 1955, that I last saw the deceased alive on Aug. 19, 1955, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Kent G. Angle M.D.	5209 Del Ray Ave, Bethesda, Md	8/19/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-transit	8/21/1955	Greenfield	Nassau County New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/20/55	Bessie M. Thompson	Robert W. Humphreys	Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07936

7841

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annandale R.F.D.
STREET ADDRESS (If rural give location) Box 76

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Bernice (Last) xDerholtzx

4. DATE OF DEATH (Month) Aug. (Day) 20 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated
8. DATE OF BIRTH: 5-11-02
9. AGE last birthday: 53 yrs
IF UNDER 1 YEAR: Months 3 Days 10
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home maker
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lynn Monroe
14. MOTHER'S MAIDEN NAME: Martha Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Irving C. [illegible] R.F.D. 7107 [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5 IMMEDIATE CAUSE (A) DUE TO [illegible] — INTERVAL BETWEEN ONSET AND DEATH [illegible]

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO [illegible]

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: [illegible]
19B. MAJOR FINDINGS OF OPERATION [illegible]
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18/55 19 . to 8/20/, 1955 that I last saw the deceased alive on [illegible], 19 , and that death occurred at 4:42 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 23, 1955
NAME OF CEMETERY OR CREMATORY Linthicum Chapel Cemetery
LOCATION (City, town, or county) Clarksville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug-20-1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters
ADDRESS 254 Carroll St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7937

CERTIFICATE OF DEATH

7937

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9800 Braddock Rd

3. NAME OF DECEASED: (First) ELIZABETH (Middle) (Last) PETTIT

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 14-1884
9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Pettit
14. MOTHER'S MAIDEN NAME: Matilda E Bryant.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Elva Mae Sanford. Hyattsville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
200.1 IMMEDIATE CAUSE	(A) Bronchopneumonia	4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Anemia, marked	3 months
	DUE TO (C) Lymphosarcoma, generalized.	3 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Decubitus ulcer - sacral

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3 ..., 1955, to 8-29 ..., 1955, that I last saw the deceased alive on 8-29-55 19..., and that death occurred at 8:50 P M, from the causes and on the date stated above.

SIGNATURE Lee R Parkinson M.D. ADDRESS 790 So Dakota Ave NE DATE SIGNED 8-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept 1-1955
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, Town, or County) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: Aug 30, 1955
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: J Tom Lee & Sons. ADDRESS: Wash. D C

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07938

7933

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 4827 Del Ray Ave.

3. NAME OF DECEASED: (First) H. F. (Middle) F. Henry (Last) Pfaff
4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1955
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single
8. DATE OF BIRTH: Aug. 8, 1868
9. AGE last birthday 87 yrs.
IF UNDER 1 YEAR: Months 0 Days 20
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt
10B. KIND OF BUSINESS OR INDUSTRY: Western Union
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Fred Pfaff
14. MOTHER'S MAIDEN NAME: Amelia Drecher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: William Volkman Attorney 411 Perpetual Bldg. Bethesda

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
33 1/X
IMMEDIATE CAUSE (A) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Cerebral arteriosclerosis
26 6X
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953 to Aug 2, 1955 that I last saw the deceased alive on Aug. 28, 1955, and that death occurred at 9:35 M, from the causes and on the date stated above.
SIGNATURE George A. Graul M.D. M.D. ADDRESS 704 Kay Place N.W. Wash. D.C. DATE SIGNED 8-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-31-55
NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dempsey
ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07939

7351

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Rockville Pike

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Coy G RANDOLPH	August 25 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Sept. 16, 1916	38 yrs.	8	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter's	Building	Wright City, Oklahoma	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Helper Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	212-14-5306	Frederica M. Randolph-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

151X
Immediate cause (a) Generalized carcinomatosis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma Stomach 1 Yr
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1955, to 8/13, 1955, that I last saw the deceased alive on 8/13, 1955, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W G Hall MD Rockville Md 8/25/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/27/1955	Damascus Methodist	Montgomery Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/55	Laurell Kreitzer A.R.	Roberts & Trumbo	Bethesda, Md.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07940

7939

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Kensington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10306 Greenfield Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
STREET ADDRESS (If rural give location): 10306 Greenfield Street

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) (Last) REAMY

4. DATE OF DEATH: (Month) (Day) (Year) August 22 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 11, 1949

9. AGE last birthday: 6 yrs. — IF UNDER 1 YEAR, Months 4, Days 11 — IF UNDER 24 HRS., Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph C. Reamy

14. MOTHER'S MAIDEN NAME: Elinor Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph C. Reamy - Same as Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0
IMMEDIATE CAUSE (A) Subacute Lymphatic Leukemia — 2 Mos.
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: **19B. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **21B. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 16, 1955, to Aug. 8, 1955, that I last saw the deceased alive on Aug. 8, 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE Sidney Shapiro M.D. ADDRESS 3921 Ingomar St. N. W. DATE SIGNED 8/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 8-24-1955 — NAME OF CEMETERY OR CREMATORY: Ammandale Cem. — LOCATION (City, town, or county) (State): Prince Georges Md.

DATE REC'D BY LOCAL REGISTRAR 8/25/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert A. Lumphrey — ADDRESS: Bethesda, Md.

Borman notified and will approve

L. L. Summers

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07941

7940

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Darnestown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural give location) None 1

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) A. (Last) RICHTER

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 3-19-1872

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months 5 Days 9 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10B KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Henry Walters

14. MOTHER'S MAIDEN NAME: Anna America Trift

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Virginia Walters Sister-in-law - Rockville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE	(A) UREMIA	3 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X	(B) Congestive heart failure	2 month.
	DUE TO	
	(C) Arteriosclerosis	5 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes mellitus	10 years

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1955 to 28 Aug 1955 that I last saw the deceased alive on 27 Aug 1955, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE John S. Fawcett M.D. ADDRESS Boyd, Md. DATE SIGNED 30 Aug 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-31-1955 | NAME OF CEMETERY OR CREMATORY Darnestown Presby Ch. Cem | LOCATION (City, town, or county) Darnestown (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/1/55 | REGISTRAR'S SIGNATURE Lowell K. Kingsley

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07942

7941

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville
STREET ADDRESS (If rural give location) 6 x 6

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Ridgley

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/1/73

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tivus Ridgley

14. MOTHER'S MAIDEN NAME: Rebecca LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X IMMEDIATE CAUSE (A) Acute Bilateral Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Benign Hyp. Prostate — 4 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Amputation Left inguinal Hernia — 4 years

19A. DATE OF OPERATION: 8/13/55

19B. MAJOR FINDINGS OF OPERATION: Strangulated Left inguinal Hernia

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1955 to 8/26, 1955, that I last saw the deceased alive on 8/26, 1955, and that death occurred at 12:35a M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED 8/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug 30 55 — NAME OF CEMETERY OR CREMATORY Providence — LOCATION (City, town, or county) (State) Norton Howard Co Md

DATE REC'D BY LOCAL REGISTRAR 8-29-55 — REGISTRAR'S SIGNATURE Gertrude B Lawson

24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Poolesville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07943

7942 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laytonsville
LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laytonsville Md.
STREET ADDRESS (If rural give location) Gaithersburg RFD #2

3. NAME OF DECEASED: (Type or Print) (First) LEDOUX (Middle) ELGIE (Last) RIGGS

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH: Sept 22-1865 | 9. AGE last birthday 89 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Remus D Riggs
14. MOTHER'S MAIDEN NAME: Sarah E. Coward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Walter Hill, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO Arteriosclerotic Heart Disease — Years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun. , 1955, to Aug. 11, 1955, that I last saw the deceased alive on Aug. 5 , 1955, and that death occurred at 9a m, from the causes and on the date stated above.
SIGNATURE Jack Schumacher
M. D. ADDRESS Gaithersburg, Md. DATE SIGNED 8-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF Aug 12 1955 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Prince George Co. Maryland

DATE REC'D BY LOCAL REGISTRAR 8-12-55 | REGISTRAR'S SIGNATURE Gertrude B Fawler | 24. FUNERAL DIRECTOR Roy A. Barber | ADDRESS Laytonsville, Md.

07944

7943 Rm 2, Film 185 8-23-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214 2402

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9714 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) PAULINE (Middle) A (Last) ROACH

4. DATE OF DEATH. (Month) 8 (Day) 20 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: JAN. 25 1896

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY

10B. KIND OF BUSINESS OR INDUSTRY: DEPT. STORE

11. BIRTHPLACE (State or foreign country): D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES MORON

14. MOTHER'S MAIDEN NAME: CATHERINE SANDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: WILLIAM ROACH

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203X

IMMEDIATE CAUSE (A) Generalized Metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Multiple Myeloma

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) 8 (Day) 20 (Year) 55 (Hour) 2:20 P.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15 ....., 1955, to 8/20, 1955, that I last saw the deceased alive on 8/20, 1955., and that death occurred at 2:20 P M, from the causes and on the date stated above.

SIGNATURE James C Mandler M. D. ADDRESS 7961 EASTERN Avenue DATE SIGNED 8/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF Aug. 24, 1955 — NAME OF CEMETERY OR CREMATORY Glenwood — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 8-21-55 — REGISTRAR'S SIGNATURE Carrie F. Campbell — 24. FUNERAL DIRECTOR Lee Funeral Home — ADDRESS Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7345 **MARYLAND STATE DEPARTMENT OF HEALTH** 07945

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET AND NUMBER 6618 Takoma Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lofton	Randle	Robertson	Sept.	22	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	11/2/80	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Accountant		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Randle Robertson	Lottie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	578-05-8406	Warren Lofton - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset and Death
Immediate cause	(a) (1) Broncho-pneumonia bilateral	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (2) Chronic nephrosclerosis & Uremia	Undetermined
	(3) Generalized Arteriosclerosis	Undetermined
	(c) (4) Chronic Myocarditis & Cardiac decompensation	Undetermined
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary Thrombosis (old)	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Jan 1, 1953, to Aug 20, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas E. Ball	M.D.	2435 Easton Ave Silver Spring Md	Aug 20, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-24-55		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 20-1955	J. Milton Dodd	Adams Funeral Home	414 Eighth St. N.W. Washington D.C.

7946

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07946 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223-

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park / Silver Spring — LENGTH OF STAY (in this place) DOA

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 1513 Paula Dr.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Albert	Schwartz	Aug	18	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Single	1-15-1947	8 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Pupil		Washington DC	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harry Wm. Schwartz	Lillian Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Respiratory Infection — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

527.2

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Brochart M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 8-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-19-55	Sec. West Mem.	Hyattsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug-19-1955	J. Milton Dodd	Goldberg Funeral Home	Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 17947

7944

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 120 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek 16 X 2
STREET ADDRESS (If rural give location) Route 1, Box 78-F

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Nicholas (Last) Serbu

4. DATE OF DEATH. (Month) August (Day) 16, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 19, 1951

9. AGE last birthday: Three (3) yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Gideon Serbu

14 MOTHER'S MAIDEN NAME: Eleanor Majshy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 204.0 (A) Bronchopneumonia & intrapulmonary hemorrhage.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute lymphatic leukemia. DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Septicemia (organism being identified)

19A. DATE OF OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ---- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Apr. 18, 1955, to Aug. 16, 1955 that I last saw the deceased alive on Aug. 16, 1955, and that death occurred at 5:10 AM, from the causes and on the date stated above.

SIGNATURE Richard Reid Paton ADDRESS M. D. The Clinical Center, Bethesda, Maryland DATE SIGNED Aug 16, '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-19-55

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 8/17/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Dumphrey ADDRESS Bethesda, Md.

7945

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07945 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5330 Chevy Chase N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) M. (Last) Stitt

4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 19[illegible]

5. SEX: Female **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** [illegible] **8. DATE OF BIRTH:** Nov. 24, 1900 **9. AGE last birthday:** 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stenographer-- **10b. KIND OF BUSINESS OR INDUSTRY:** Life Insurance Co. **11. BIRTHPLACE** (State or foreign country): Buffalo, New York **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13. FATHER'S NAME: Edwin P. Super

14. MOTHER'S MAIDEN NAME: Emma K. Kline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-01-9193

17. INFORMANT & ADDRESS: 12,802 Hathaway Drive Mrs. James L. Phillips, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4
Immediate cause (a) [illegible] DUE TO — Interval Between Onset and Death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible] DUE TO — Interval Between Onset and Death: [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF Aug. 15, 1955 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory | LOCATION (City, town, or county) (State) Prince George's Co., Md.

DATE REC'D. BY LOCAL REG. 8/15/55 | REGISTRAR'S SIGNATURE [illegible] | **24. FUNERAL DIRECTOR** Warner E. Pumphrey | ADDRESS Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 7949

! 7946

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 4 mo. 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearwater
STREET ADDRESS (If rural give location) 300 Orangeview Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Ashton Burnard SMITH

4. DATE OF DEATH (Month) (Day) (Year) August 31 1955

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-19-00

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy Retired

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Peyton SMITH

14. MOTHER'S MAIDEN NAME: Nancy Jane PIPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war, or dates of service) I & II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Dorthea G. SMITH Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0 IMMEDIATE CAUSE

(A) Hemorrhage from Atherosclerotic artery in base of a Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: Less than 1 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO — Unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchogenic Carcinoma, Lt. lung with metastases — 1 year

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1955, to August 31, 1955, that I last saw the deceased alive on August 31, 1955, and that death occurred at 9:15 PM, from the causes and on the date stated above.

(Signature) (Title) ADDRESS DATE SIGNED

[illegible] LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9-7-55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 9-7-55

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R. A. McIlvaney Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7847

CERTIFICATE OF DEATH

07950

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 28 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7.5 Washington San'l Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Hillandale 10230 Parkman Rd. 1

3. NAME OF DECEASED: (First) Edgar (Middle) Benjamin (Last) Smith
4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 9-17-88
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired. Chief of GAO
10B. KIND OF BUSINESS OR INDUSTRY: Goverment
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? amer.

13. FATHER'S NAME: Caleb Smith
14. MOTHER'S MAIDEN NAME: Bertha Stevens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W.I
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Washington San.t Hosp. Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X

IMMEDIATE CAUSE (A) Massive Gastric Hemorrhage — 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Esophogeal Varices

DUE TO (C) Carcinoma of colon metastatic to liver — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hiatus hernia — Unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to Aug 31, 1955, that I last saw the deceased alive on August 31, 1955, and that death occurred at 7:03 A.M., from the causes and on the date stated above.

SIGNATURE Aaron H. Traum M.D. ADDRESS 8737 Georgia Ave - Silver Spring Maryland DATE SIGNED Aug 31 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE HEREOF 9-2-55
NAME OF CEMETERY OR CREMATORY Arl. National Cemetery
LOCATION (City, town, or county) (State) Arl. Virginia
24. FUNERAL DIRECTOR 2901-14th St N.W. ADDRESS The S. H. Hines Co Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Aug 31 1955
REGISTRAR'S SIGNATURE S. Wilson Dodd

7947

07951
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) D.O.A	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET ADDRESS #2 Route (If rural, give location)
3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Smith	4. DATE OF DEATH (Month) August (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col	Married	April 3, 1890	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John T. Smith	Lyda Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes	War I	218-20-1509	Melvin W. Smith Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 420.1	(a) Coronary occlusion	sudden
DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension	5 yrs.
DUE TO	(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,	21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-3-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8 1955	Arlington	Va. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/5/55	Bessie M. Thompson	Roy W. Barber	Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A - 5 - 53

07952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7948 **CERTIFICATE OF DEATH** Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) B (Last) Snowden

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: Col. C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 10/1/1875 | 9. AGE last birthday 79 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Snowden | 14. MOTHER'S MAIDEN NAME: Harriett Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs Mount Bowie Olney Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Septicaemia	2 weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Gangrene right Leg	6 "
	DUE TO (C) Ped. arteritis	2.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/55 to 8/3/55 that I last saw the deceased alive on 8/1/55, and that death occurred at 1.15 P.M., from the causes and on the date stated above.
SIGNATURE M.D. ADDRESS Sandy Spring DATE SIGNED 8/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/6/55 | NAME OF CEMETERY OR CREMATORY Ash Memorial | LOCATION (City, town, or county) (State) Sandy Spring Md

DATE REC'D BY LOCAL REGISTRAR 8-6-55 | REGISTRAR'S SIGNATURE Bernard B. Lawler | 24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07953

CERTIFICATE OF DEATH

7949 Reg. Dist. No. 2-18

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kensington
LENGTH OF STAY (in this place) 1 yr 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11710

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kensington 2704 X
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H (Last) SOUDER

4. DATE OF DEATH: (Month) (Day) (Year) Aug 20 1955

5. SEX: M

6. COLOR OR RACE: W.H.T.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 6 1875

9. AGE last birthday: 80 Yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Small Nursery

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA Franklin Co

13. FATHER'S NAME: George W Souder

14. MOTHER'S MAIDEN NAME: Sarah Mathers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-16439

17. INFORMANT & ADDRESS: Mrs Lucia C Souder Kensington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Residuals of Intra-Cranial Hemorrhage DUE TO — Interval Between Onset And Death: 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular Renal DUE TO — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1955, to Aug. 20 1955, that I last saw the deceased alive on Aug. 16, 1955, and that death occurred at 3:40 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Aug. 22, 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 23/1955 — NAME OF CEMETERY OR CREMATORY St Lukes Lutheran — LOCATION (City, town, or county) (State) Wheaton Md

DATE REC'D BY LOCAL REGISTRAR Aug 22/55 — REGISTRAR'S SIGNATURE Abbie S Cook

24. FUNERAL DIRECTOR Roy W Barker Kensington ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7950

07954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring

LENGTH OF STAY (in this place) 13 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1613 N. Springwood Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Montg

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 56

STREET ADDRESS (If rural, give location) 1613 N. Springwood Dr. 1

3. NAME OF DECEASED: (Type or Print) (First) Vivian (Middle) Richards (Last) Sparks

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	married	11-1-1906	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife		Wash. DC	USA

13. FATHER'S NAME: Francis E. Richards

14. MOTHER'S MAIDEN NAME: Lawrence Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Ned Sparks (husband) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Vascular Accident — DUE TO — Interval Between Onset and Death: 5 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchard M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. — DATE SIGNED 8-3-55

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	August 3/55	Removal	Washington D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-1-55	Frances Sitter	Adams Funeral Home	474F - Wis. Ave. N. W. Wash. D.C.

07955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7951 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 328 Howard Ave.

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Louise (Last) Perry

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 19 55

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Sept. 16 1913 | 9. AGE last birthday: 41 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Irvin Dietrich | 14. MOTHER'S MAIDEN NAME: Genevieve Hannis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Stanley J. Perry - 328 Howard Ave. ~~Husband~~ Rockville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) Adenocarcinoma, metastatic, to Brain, Lt. Lung, Rt. kidney & adrenal — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs

ANTECEDENT CAUSE (S) DUE TO (B) Primary carcinoma breast, bilateral? — 7 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1948 - 1952 | 19B. MAJOR FINDINGS OF OPERATION: Mastectomy - carcinoma. | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1951, to 8/15, 1955, that I last saw the deceased alive on 8/15, 1955, and that death occurred at 8:50 A M, from the causes and on the date stated above.

SIGNATURE Stephen R Jones M. D. ADDRESS Rockville Md. DATE SIGNED 8/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: August 18 1955 | NAME OF CEMETERY OR CREMATORY: Washington Cemetery | LOCATION (City, town, or county) (State): Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8/17/55 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR: Warner E Pumphrey | ADDRESS: Silver Spring, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7952

07956

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4819 Dorset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural, give location) 4819 Dorset Ave.

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) WILBUR (Last) STARRATT

4. DATE OF DEATH: (Month) Aug. (Day) 13, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 3, 1876

9. AGE last birthday: 78 yrs. If under 1 year: Months 10 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Accountant

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt.

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Starratt

14. MOTHER'S MAIDEN NAME: Marian Spalding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-30-3299

17. INFORMANT AND ADDRESS: Carrie P. Starratt- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Adeno carcinoma - Colon — Interval Between Onset and Death: 18 Mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 9 1954

19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma Ascend. Colon -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1954, to Aug. 12, 1955, that I last saw the deceased alive on Aug. 12, 1955, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE Sidney L. Lourie, M.D. (Degree or title) ADDRESS 3921 Ingomar St. NW Washington 15, D.C. DATE SIGNED 8/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-15-55

NAME OF CEMETERY OR CREMATORY: Rockville Union

LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG. 8/13/55

REGISTRAR'S SIGNATURE: Bessie M. [illegible]

FUNERAL DIRECTOR: Robert H. Crumlish

ADDRESS: Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every information called for; if any item is unknown, state it as such. The correct age is especially important. Physicians: please write the cause clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07957

7953 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5905 Aberdeen Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 5905 Aberdeen Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Morris (Last) SUMNER

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb. 19, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John S. Morris

14. MOTHER'S MAIDEN NAME: Pattie Kean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Margaret S. Miller 5905 Aberdeen Rd. Beth, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Carcinoma of cervix uteri — INTERVAL BETWEEN ONSET AND DEATH 6 yrs

ANTECEDENT CAUSE (S) DUE TO (B) metastasis to liver,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) lungs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 5/31/55

19B. MAJOR FINDINGS OF OPERATION intestinal obstruction. Liver metastasis

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/55, to 8/2/55, that I last saw the deceased alive on 8/2/55, and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 16 Glen Wall DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 8-4-1955 — NAME OF CEMETERY OR CREMATORY St. James Episcopal Ch. — LOCATION (City, town, or county) (State) Westmoreland Co. Va.

DATE REC'D BY LOCAL REGISTRAR 8/4/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert A. Dunphrey — ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07958

7951 CERTIFICATE OF DEATH Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Curran Nursing Home 708 Phila. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 214 Tulip Ave.

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) Rachel (Last) Thomas

4. DATE OF DEATH: (Month) Aug. (Day) 3, (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 18, 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore County, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Akehurst

14. MOTHER'S MAIDEN NAME: Amanda Bevans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. J. C. Nellis, 7419 Maple Ave., Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 3 Days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Atherosclerosis — 10 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jul 31, 19 55, to Aug. 3, 19 55, that I last saw the deceased alive on Aug. 3, 19 55, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James A. Roberts M.D. 8907 Georgia Ave. Silver Spring, Md. August 3, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 6-1955 — NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 8/4/55 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: J. Arthur Walker — ADDRESS: 254 Carroll St. NW.

7955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07959 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) 1 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9815 Cottrell Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Monty

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 9815 Cottrell Dr

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Albert A. Thompson	Aug 16 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	W	Married	7-18-'05	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Capt	DC Fire Dept	Wash DC	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David C. Thompson	Cora Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Wilbur A Thompson Jr (son) same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO:

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bathroom

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart — M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 8-16-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 19/55	COLUMBIA GARDENS CEM.	ARLINGTON, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 17/55	Frances Sotter	Martin W. Hysong Co.	1300 N St N W Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7955

07960 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2206 Dennis Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring,
STREET ADDRESS (If rural, give location) 2206 Dennis Ave.

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Clay (Last) Thompson

4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/30/18

9. AGE Last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Automobile Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar F. Thompson

14. MOTHER'S MAIDEN NAME: Lilla May Lusby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) #2

16. SOCIAL SECURITY NO.: 579-07-1647

17. INFORMANT & ADDRESS: Mrs. Evelyn S. Thompson, 2206 Dennis Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: ½ hour

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bourbeau M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8/6/55

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. 8/9/55

REGISTRAR'S SIGNATURE Frances Tittle

24. FUNERAL DIRECTOR Warner & Dunphey

ADDRESS 8434 Ga. Ave., Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07961

7848 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Hudson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. C. COUNTY
CITY. If outside corporate limits, write RURAL and give nearest town)
OR TOWN Charlotte 7th
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lura (Middle) P. (Last) Thornburgh

4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Jan. 24, 1874 | 9. AGE last birthday: 81 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): School Teacher -retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Elyria, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Xenophen Peck
14. MOTHER'S MAIDEN NAME: Mary Liscomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. John J. Thornburg, 1626 Oakview Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1999 IMMEDIATE CAUSE (A) Metastatic Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO & Mesenteric Nodes - Primary

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Site undetermined.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1955, to Aug 6, 1955, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 8:55 P.M. from the causes and on the date stated above.

SIGNATURE Harold M. Coss M.D. M. D. ADDRESS 824 Georgia Ave Silver Spring, Md. DATE SIGNED Aug 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/9/55 | NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Cemetery | LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 8 1955 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07962

7957

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
MARYLAND LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101 Parker Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 2101 Parker Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Iona (Last) Trotter

4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1955

5. SEX: Femald

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: 4/29/91

9. AGE last birthday 64 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired, City Post Office

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Government

11. BIRTHPLACE (State or foreign country): Austin, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Shorter Slaughter

14. MOTHER'S MAIDEN NAME: Annie H. Kinnard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Lester L. Hillman 2101 Parker Ave., Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

481X

IMMEDIATE CAUSE (A) Fever — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pulmonary edema — 4 hrs

DUE TO (C) hypertension 280/120 & pneumonia strokes

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Aug 11, 1955 that I last saw the deceased alive on Aug 11, 1955 and that death occurred at 10:30 M. from the causes and on the date stated above.

SIGNATURE Patrick Conway Jameson ADDRESS M.D. 11020 Georgia Ave. DATE SIGNED Aug 12, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8/15/55

NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery

LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 8-15-55

REGISTRAR'S SIGNATURE Frances Collier

24. FUNERAL DIRECTOR Warner & Dunphey

ADDRESS 8434 Ga. Ave. Silver Spring, Md.

7953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07963 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wndy
LENGTH OF STAY (In this place) D.O.A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Virginia COUNTY Pendleton
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Onego Rural
STREET ADDRESS (If rural, give location) 85 X-3

3. NAME OF DECEASED: (Type or Print) (First) Burl (Middle) (Last) Vance

4. DATE OF DEATH (Month) August (Day) 19 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1-11-1925
9. AGE last birthday: 30 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: pipe-line contr.
11. BIRTHPLACE (State or foreign country): West Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Asa Vance
14. MOTHER'S MAIDEN NAME: Florence Mottal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: unk
17. INFORMANT & ADDRESS: Bertie Long Vance Onego W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive Bilateral hemothorax DUE TO	10 sec
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Ruptured Pulmonary Artery & heart DUE TO	10 sec
	(c) Trauma to chest, etc (falling tree)	10 sec

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY woods
21c. (City or town) Nr Clarksville (County) Howard Co. (State) Md
21d. TIME OF INJURY (Month) 8 (Day) 19 (Year) 55 (Hour) 11 A M.
21e. INJURY OCCURRED While at work ☑ Not while at work ☐
21f. HOW DID INJURY OCCUR? Struck by falling tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broshart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-19-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-22-55
NAME OF CEMETERY OR CREMATORY Vance Family Cemetery
LOCATION (City, town, or county) Pendleton, Co. (State) W Va

DATE REC'D BY LOCAL REG. 8-20-55
REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert A Kemp
ADDRESS 7537 Wisconsin Ave Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7959

07964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR and give nearest town) X TOWN Barnesville
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 4 D. C.
STREET ADDRESS (If rural, give location) 4117 Gallatin St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Hattie (Last) Warren
4. DATE OF DEATH (Month) (Day) (Year) 8 13 1955

5. SEX: F.
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-5-1874
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert D. Keith
14. MOTHER'S MAIDEN NAME: Lydia Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Wm. H Warren Son Barnesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8/16/55
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 8/14/55
REGISTRAR'S SIGNATURE Charles W. Elgin per H.E.
24. FUNERAL DIRECTOR William B. Hill
ADDRESS Barnesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07965

7960

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. 47X 5
STREET ADDRESS (If rural give location) 1010 Vernon Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Rosemary (Middle) (N) (Last) WASHINGTON

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-21-34

9. AGE last birthday 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife

10B. KIND OF BUSINESS OR INDUSTRY. Housewife

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Eugene GALIPEAU

14. MOTHER'S MAIDEN NAME: Alice SHEPPARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Husband James E. WASHINGTON same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

241X IMMEDIATE CAUSE (A) Status Asthmaticus — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Bronchial Asthma — 21 yrs.

DUE TO (C) [redacted]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Mitral Stenosis — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1955, to Aug 22, 1955, that I last saw the deceased alive on Aug 22, 1955, and that death occurred at 11:56 P.M., from the causes and on the date stated above.

SIGNATURE G. I. Pittman — ADDRESS — DATE SIGNED

G. I. PLITMAN LT MC USN R U. S. Naval Hospital, NRMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8-26-55

NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cemetery

LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-3-55

REGISTRAR'S SIGNATURE: Mary E. Farrellys

24. FUNERAL DIRECTOR: Jarvis Funeral Home — ADDRESS: 1345 U Street, N.W., Washington, D. C.

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07966 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12,120 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12,120 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WALTER JOHN WEAVER

4. DATE OF DEATH (Month) (Day) (Year) AUGUST 31 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1881

9. AGE Last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Service Station Attendent

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albany, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas Weaver

14. MOTHER'S MAIDEN NAME: Maria Lulum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 163-05-9337-A

17. INFORMANT & ADDRESS: Mrs. Mary Celia Weaver, 12,120 Colesville Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.4

Immediate cause (a) Acute cardiac failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic Hypertension heart disease — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Few days (b) 2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broccard M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 9-1-55

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 9/2/55

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 9-6-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07967

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shady Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville 24
STREET ADDRESS (If rural, give location) Shady Grove Road 1

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) UPTON (Last) WEST

4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-22-1898

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months 8 Days 1
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Frank J. West -son Rt.2, Shady Grove Rd, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 8-25-55

NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery

LOCATION (City, town, or county) Montgomery (State) Md.

DATE REC'D BY LOCAL REG. 8/25/55

REGISTRAR'S SIGNATURE Laurell V. Krogtorp a.b

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7962 **CERTIFICATE OF DEATH** Reg. Dist. No. 0796 95

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural give location) 5730 Southern Avenue, S. E.

3. NAME OF DECEASED: (First) Infant (Middle) W. (Last) WHITE
(Type or Print)

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH. 8-13-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ———
10B. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Isaac (N) WHITE
14. MOTHER'S MAIDEN NAME: Barbara A WINBUSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mother Barbara A. WHITE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X IMMEDIATE CAUSE (A) Hyaline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Prematurity

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1955 to Aug 18, 1955, that I last saw the deceased alive on 18 Aug 55, 1955 and that death occurred at 2:35P M, from the causes and on the date stated above.

SIGNATURE George J.A. Magnant ADDRESS C. J. A. [illegible] U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 22 Aug 1955
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-19-55
REGISTRAR'S SIGNATURE Mary C. Farrell
24. FUNERAL DIRECTOR ADDRESS Boyd Funeral Home 1238 20th St, N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07963

7963

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Lejeune
STREET ADDRESS (If rural give location) 713 Camp Knox Trailer Park

3. NAME OF DECEASED: (First) Karynn (Middle) Louise (Last) WIDNER
4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 11-14-53
9. AGE last birthday 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----
10B. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Dale WIDNER
14. MOTHER'S MAIDEN NAME: Penelope BRINGOLF
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Father Dale WIDNER Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
7543 IMMEDIATE CAUSE	(A) Cardiac Arrest, postoperative	1 hour
ANTECEDENT CAUSE (S) DUE TO	(B) Hypoxia	----
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Tetralogy of Fallot	20 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8-15-55
19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1955, to August 15, 1955 that I last saw the deceased alive on August 15, 1955, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE Leard J. Earley Jr. LT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit
DATE THEREOF 8-21-55
NAME OF CEMETERY OR CREMATORY ----
LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REGISTRAR 8-16-55
REGISTRAR'S SIGNATURE Mary E. Connelly
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07970

7349 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7300 Cedar Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7300 Cedar Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) K. (Last) Williams

4. DATE OF DEATH: (Month) Aug. (Day) 19, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: December 25, 1872
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Bristol, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev. Charles T. Kincannon
14. MOTHER'S MAIDEN NAME: Emma Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Amelia W. Burroughs. 7300 Cedar Ave. T.P. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X
IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Arteriosclerosis — 5 yrs
260 X
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1955 to Aug 17, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 5:20 PM, from the causes and on the date stated above.

SIGNATURE Robert D. Harrell M.D. ADDRESS 5516 Neb. Ave DC. DATE SIGNED 8-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug 22. 1955
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Aug 19-1955
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR A. Arthur Waters ADDRESS 254 Farrell St NW

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07971

7859

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. San. & Hosp. Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash., D. C. 47x-3
STREET ADDRESS (If rural give location) 5720 - 35th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Blanch (Last) Wilmot
4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-3-1881
9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Larrow
14. MOTHER'S MAIDEN NAME: Mary Holliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
IMMEDIATE CAUSE (A) Congestive heart failure — 4 days
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Healed Rheumatic Fever
DUE TO (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Agitated Depression, Carcinoma of the stomach — 1½ yrs.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1955, to Aug. 21, 1955, that I last saw the deceased alive on Aug. 21, 1955, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE Mrs. H. Philyaw M.D.
ADDRESS Wash. Sub. Takoma Park, Maryland
DATE SIGNED 8-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION
DATE THEREOF 8-23-55
NAME OF CEMETERY OR CREMATORY H. G. Lincoln
LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug 22 1955
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07972

CERTIFICATE OF DEATH

7964

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring 56 1
STREET ADDRESS (If rural give location) 2809 Sheraton Street

3. NAME OF DECEASED: (First) Carol (Middle) Anne (Last) WILSON

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-28-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward R. WILSON

14. MOTHER'S MAIDEN NAME: Marie E. MICHAEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father Edward R. WILSON Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625 IMMEDIATE CAUSE (A) Hyaline Membrane Disease DUE TO

ANTECEDENT CAUSE (B) Prematurity DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Aug, 1955, to 30 Aug, 1955, that I last saw the deceased alive on 30 Aug, 1955, and that death occurred at 9:25 A M, from the causes and on the date stated above.

SIGNATURE George J. A. Magnant ADDRESS G. J. A. MAGNANT LTJG MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9-4-55

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 8-30-55

REGISTRAR'S SIGNATURE: Mary E. Donnelly

24. FUNERAL DIRECTOR: R. A. Pumphrey Funeral Home ADDRESS: 7557 Wisconsin Avenue, Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53 2185272401